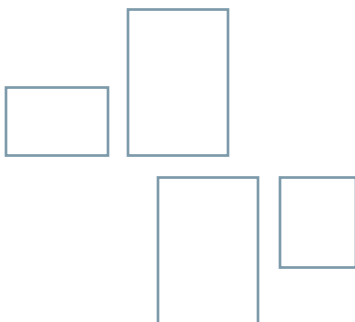
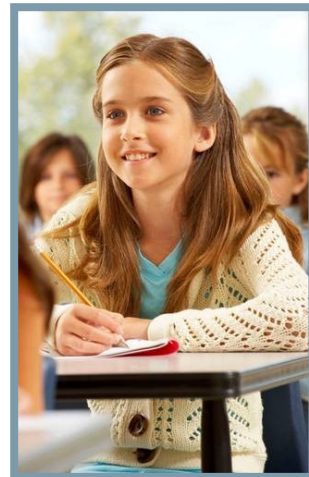
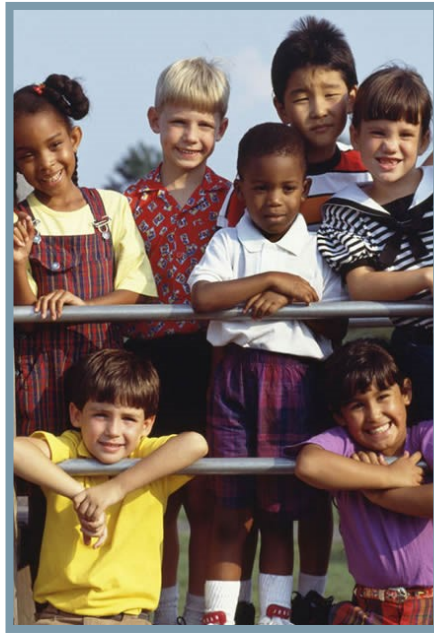


Utah Immunization Guidebook

2019 | 2020



For Schools, Early Childhood Programs
and Healthcare Providers

UTAH IMMUNIZATION GUIDEBOOK

INTRODUCTION

The Utah Immunization Program and the Utah State Board of Education are pleased to provide you with the *Utah Immunization Guidebook*. The Guidebook is designed to clarify the Utah Statutes and Rules for Immunization, which have been included in this guidebook as Appendix A. Each required vaccine and the schedule to be followed, including minimum intervals between each dose, are outlined in this Guidebook. The appendices include Frequently Asked Questions and sample forms that can be used to assist in implementing the requirements.

Since the implementation of the Utah Immunization Rule for Students, consistent requirements have protected children attending Utah schools and early childhood programs from many vaccine-preventable diseases. In the past, these diseases caused significant illness and death. The success of the Immunization Rule for Students is a direct result of the tremendous collaboration among school and early childhood program personnel, healthcare professionals, local health departments, and parents.

The Utah Immunization Program and the Utah State Board of Education recognize that immunization schedules are very complex and often require much time and effort to ensure Utah's children are adequately protected from many of these diseases. We appreciate your continued support of the Immunization Rule for Students and your dedication to Utah's children. If you have questions concerning immunization requirements or this Guidebook, please call Utah Immunization Program at **801-538-9450**.



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SECTION 1 INDIVIDUAL VACCINE REQUIREMENTS



Diphtheria, tetanus, acellular pertussis (DTaP)

A student must be immunized for Diphtheria, Tetanus, and Pertussis before entering a Utah school or early childhood program. The following three schedules apply to the administration of Diphtheria, Tetanus, and Pertussis under ten years of age:

Schedule 1: A student must receive five doses of Diphtheria, Tetanus, and Pertussis containing vaccine administered as either DTaP/ DT. The first, second, and third doses must be administered a minimum of four weeks apart. The fourth dose must follow the third dose by a minimum of six months. The fourth dose may be given as early as age 12 months if at least six months have elapsed since the third dose. However, for auditing purposes only, the fourth dose need not be repeated if given at least four months after the third dose. The fourth and fifth dose must be administered a minimum of six months apart. The fifth dose (booster dose) is required before the student enters kindergarten. **DTaP is currently recommended for all doses.**

- (a) If the fourth dose is administered on or after a student's fourth birthday, the fifth dose is not required. In such a case the fourth DTaP dose should be administered at least 6 months after the third DTaP dose and should not be administered to a child aged < 12 months.
- (b) A student who has received six or more doses before their seventh birthday does not require more doses, regardless of spacing.

Schedule 2: A student seven years or older who has an incomplete vaccine schedule should complete the series with adult Tetanus/Diphtheria (Td). A student seven years or older who has not received any of the DTaP/DT vaccines must receive three doses of adult Tetanus/Diphtheria (Td). A single dose of Tdap should be substituted for one of the doses in the Td series, if not previously given. The number of doses required to complete the series depends on the age of the student when the prior doses of DTaP/DT were received.

Schedule 3: A student seven years or older who has not received any of the DTaP/DT vaccines must receive three doses of adult Tetanus/Diphtheria (Td). The first two doses must be administered a minimum of four weeks apart. The third dose must be administered a minimum of six months following the second dose. A single dose of Tdap should be substituted for one of the doses in the Td series, if not previously given.

For DTaP/Td/Tdap/DT catch-up guidance for children 4 months through 18 years of age see the next few pages.

Diphtheria, Tetanus, Pertussis Recommended Immunization Schedule

Birth	2 months	4 months	6 months	12 months	15 months	18 months	2 years	4-6 years	11-12 years
	DTaP #1	DTaP #2	DTaP #3		DTaP #4			DTaP #5	Tdap

Shaded boxes indicate the vaccine can be given during shown age range.

SECTION 1 INDIVIDUAL VACCINE REQUIREMENTS

Catch-Up Guidance for Children 4 Months through 6 Years of Age Diphtheria-, Tetanus-, and Pertussis Containing Vaccines: DTaP/DT¹

Table #1- The table below provides guidance for children whose vaccinations have been delayed. Start with the child's age and information on previous doses (previous doses must be documented and must meet minimum age requirements and minimum intervals between doses).

IF current age is	AND # of previous doses of DTaP or DT is	AND	THEN	Next dose due
4 months through 11 months	Unknown or 0	→	Give Dose 1 (DTaP) today	Give Dose 2 (DTaP) at least 4 weeks after Dose 1
	1	It has been at least 4 weeks since Dose 1	Give Dose 2 (DTaP) today	Give Dose 3 (DTaP) at least 4 weeks after Dose 2
		It has not been at least 4 weeks since Dose 1	No dose today	Give Dose 2 (DTaP) at least 4 weeks after Dose 1
	2	It has been at least 4 weeks since Dose 2	Give Dose 3 (DTaP) today	Give Dose 4 (DTaP) at least 6 calendar months after Dose 3 and at 15 months of age or older ²
		It has not been at least 4 weeks since Dose 2	No dose today	Give Dose 3 (DTaP) at least 4 weeks after Dose 2
1 through 3 years	Unknown or 0	→	Give Dose 1 (DTaP) today	Give Dose 2 (DTaP) at least 4 weeks after Dose 1
	1	It has been at least 4 weeks since Dose 1	Give Dose 2 (DTaP) today	Give Dose 3 (DTaP) at least 4 weeks after Dose 2
		It has not been 4 weeks since Dose 1	No dose today	Give Dose 2 (DTaP) at least 4 weeks after Dose 1
	2	It has been at least 4 weeks since Dose 2	Give Dose 3 (DTaP) today	Give Dose 4 (DTaP) at least 6 calendar months after Dose 3
		It has not been 4 weeks since Dose 2	No dose today	Give Dose 3 (DTaP) at least 4 weeks after Dose 2
	3	It has been at least 6 calendar months since Dose 3	If 12 through 14 months of age, no dose today ²	Give Dose 4 (DTaP) at 15 through 18 months of age
			If 15 months of age or older, give Dose 4 (DTaP) today	Give Dose 5 (DTaP) at least 6 months after Dose 4 and at 4 through 6 years of age
		It has not been 6 calendar months since Dose 3	No dose today	Give Dose 4 (DTaP) at least 6 months after Dose 3

1 Vaccine information: DTaP—Administer to children 6 weeks through 6 years of age without a contraindication or precaution to diphtheria, tetanus, or pertussis vaccine. DTaP products include Daptacel, Kinrix, Infanrix, Pediarix, Pentacel, and Quadracel. Use the correct product based on the approved age indications. DT—Administer to children 6 weeks through 6 years of age with a contraindication to pertussis vaccine.

2 The fourth dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.

SECTION 1 INDIVIDUAL VACCINE REQUIREMENTS

Catch-Up Guidance for Children 4 Months through 6 Years of Age Diphtheria-, Tetanus-, and Pertussis Containing Vaccines: DTaP/DT¹

IF current age is	AND # of previous doses of DTaP or DT is ¹	AND	AND	THEN	Next dose due
4 through 6 years	Unknown or 0	→	→	Give Dose 1 (DTaP) today	Give Dose 2 (DTaP) at least 4 weeks after Dose 1
	1	It has been at least 4 weeks since Dose 1	→	Give Dose 2 (DTaP) today	Give Dose 3 (DTaP) at least 4 weeks after Dose 2
		It has not been at least 4 weeks since Dose 1	→	No dose today	Give Dose 2 (DTaP) at least 4 weeks after Dose 1
	2	It has been at least 4 weeks since Dose 2	→	Give Dose 3 (DTaP) today	Give Dose 4 (DTaP) at least 6 calendar months after Dose 3
		It has not been at least 4 weeks since Dose 2	→	No dose today	Give Dose 3 (DTaP) at least 4 weeks after Dose 2
	3	It has been at least 6 calendar months since Dose 3	→	Give Dose 4 (DTaP) today	Give Tdap at 11 to 12 years of age
		It has not been at least 6 calendar months since Dose 3	→	No dose today	Give Dose 4 (DTaP) at least 6 calendar months after Dose 3
	4	All doses were given prior to the 4 th birthday	It has not been at least 6 months since Dose 4	No dose today	Give Dose 5 (DTaP) at least 6 calendar months after Dose 4
			It has been at least 6 months since Dose 4	Give Dose 5 (DTaP) today	Give Tdap at 11 to 12 years of age
		At least one dose was given at/after the 4 th birthday	→	No dose today	

¹Vaccine information: DTaP—Administer to children 6 weeks through 6 years of age without a contraindication or precaution to diphtheria, tetanus, or pertussis vaccine. DTaP products include Daptacel, Kinrix, Infanrix, Pediarix, Pentacel, and Quadracel. Use the correct product based on the approved age indications. DT—Administer to children 6 weeks through 6 years of age with a contraindication to pertussis vaccine.

Reference: Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger—United States, 2019. www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf

SECTION 1 INDIVIDUAL VACCINE REQUIREMENTS

Catch-Up Guidance for Children 7 through 10 Years of Age Tetanus-, Diphtheria-, and Pertussis-Containing Vaccine: Tdap/Td¹

Table #2- The table below provides guidance for children whose vaccinations have been delayed. Start with the child's age and information on previous doses (previous doses must be documented and must meet minimum age requirements and minimum intervals between doses).

IF current age is	AND # of previous doses of DTaP, DT, Td, or Tdap is	AND	AND	AND	THEN	Next dose due
7 through 10 years of age ¹	Unknown or 0	→	→	→	Give Dose 1 (Tdap) today	Give Dose 2 (Td) at least 4 weeks after Dose 1
	1	Dose 1 was given before 12 months of age	→	→	Give Dose 2 (Tdap) today	Give Dose 3 (Td) at least 4 weeks after Dose 2
		Dose 1 was given at 12 months of age or older	It has been at least 4 weeks since Dose 1	Dose 1 was Tdap	Give Dose 2 (Td) today	Give Dose 3 (Td) at least 6 calendar months after Dose 2
				Dose 1 was not Tdap	Give Dose 2 (Tdap) today	
			It has not been 4 weeks since Dose 1	Dose 1 was Tdap	No dose today	Give Dose 2 (Td) at least 4 weeks after Dose 1
				Dose 1 was not Tdap	No dose today	Give Dose 2 (Tdap) at least 4 weeks after Dose 1
	2	Dose 1 was given before 12 months of age	It has been at least 4 weeks since Dose 2	Dose 2 was Tdap ¹	Give Dose 3 (Td) today	Give Dose 4 (Td) at least 6 calendar months after Dose 3
				No dose was Tdap	Give Dose 3 (Tdap) today	
			It has not been 4 weeks since Dose 2	Dose 2 was Tdap	No dose today	Give Dose 3 (Td) at least 4 weeks after Dose 2
				No dose was Tdap	No dose today	Give Dose 3 (Tdap) at least 4 weeks after Dose 2
		Dose 1 was given at 12 months of age or older	It has been at least 6 calendar months since Dose 2	Any dose was Tdap ¹	Give Dose 3 (Td) today	Give Tdap at 11–12 years of age ^{1,2}
				No dose was Tdap	Give Dose 3 (Tdap) today	
			It has not been 6 calendar months since Dose 2	Any dose was Tdap ¹	No dose today	Give Dose 3 (Td) at least 6 calendar months after Dose 2 ¹
				No dose was Tdap	No dose today	Give Dose 3 (Tdap) at least 6 calendar months after Dose 2

¹For persons 7–10 years of age who receive a dose of Tdap either inadvertently or as part of a catch-up series, the routine adolescent Tdap dose should be administered at age 11–12 years.

² Tdap may be administered regardless of the interval since the last tetanus- and diphtheria-toxoid-containing vaccine.

SECTION 1 INDIVIDUAL VACCINE REQUIREMENTS

Catch-Up Guidance for Children 7 through 10 Years of Age

Tetanus-, Diphtheria-, and Pertussis-Containing Vaccines: Tdap/Td¹

The table below provides guidance for children whose vaccinations have been delayed. Start with the child's age and information on previous doses (previous doses must be documented and must meet minimum age requirements and minimum intervals between doses).

IF current age is	AND # of previous doses of DTaP, DT, Td, or Tdap is	AND	AND	AND	THEN	Next dose due
7 through 10 years of age ¹	3	Dose 1 was given before 12 months of age	It has been at least 6 calendar months since Dose 3	Any dose was Tdap ¹	Give Dose 4 (Td) today	Give Tdap at 11–12 years of age ^{1,2}
				No dose was Tdap	Give Dose 4 (Tdap) today	
			It has not been 6 calendar months since Dose 3	Any dose was Tdap ¹	No dose today	Give Dose 4 (Td) at least 6 calendar months after Dose 3 ¹
				No dose was Tdap	No dose today	Give Dose 4 (Tdap) at least 6 calendar months after Dose 3 ¹
		Dose 1 was given at 12 months of age or older	No dose was Tdap	→	Give Dose 4 (Tdap) today	Give Tdap at 11–12 years of age ^{1,2}
			Any dose was Tdap	→	→	
	4	→	Dose of DTaP or Tdap given after 4 th birthday	→	No dose today	Give Tdap at 11–12 years of age ^{1,2}
			No DTaP or Tdap given after 4 th birthday	→	Give a dose of Tdap today	Give Tdap at 11–12 years of age ^{1,2}

¹ For persons 7–10 years of age who receive a dose of Tdap either inadvertently or as part of a catch-up series, the routine adolescent Tdap dose should be administered at age 11–12 years.

² Tdap may be administered regardless of the interval since the last tetanus- and diphtheria-toxoid-containing vaccine.

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SECTION 1 INDIVIDUAL VACCINE REQUIREMENTS

Catch-Up Guidance for Children 11 through 18 Years of Age

Tetanus-, Diphtheria-, and Pertussis-Containing Vaccines: Tdap/Td

Table #3- The table below provides guidance for children whose vaccinations have been delayed. Start with the child's age and information on previous doses (previous doses must be documented and must meet minimum age requirements and minimum intervals between doses).

IF current age is	AND # of previous doses of DTaP, DT, Td, or Tdap is	AND	AND	AND	THEN	Next dose due
11 through 18 years of age	Unknown or 0	→	→	→	Give Dose 1 (Tdap) today	Give Dose 2 (Td) at least 4 weeks after Dose 1
	1	Dose 1 was given before 12 months of age	→	→	Give Dose 2 (Tdap) today	Give Dose 3 (Td) at least 4 weeks after Dose 2
		Dose 1 was given at 12 months of age or older	It has been at least 4 weeks since Dose 1	Dose 1 was Tdap	Give Dose 2 (Td) today	Give Dose 3 (Td) at least 6 calendar months after Dose 2
				Dose 1 was not Tdap	Give Dose 2 (Tdap) today	
			It has not been 4 weeks since Dose 1	Dose 1 was Tdap	No dose today	Give Dose 2 (Td) at least 4 weeks after Dose 1
				Dose 1 was not Tdap	No dose today	Give Dose 2 (Tdap) at least 4 weeks after Dose 1
	2	Dose 1 was given before 12 months of age	It has been at least 4 weeks since Dose 2	Any dose was Tdap	Give Dose 3 (Td) today ¹	Give Dose 4 (Td) at least 6 calendar months after Dose 3
				No dose was Tdap	Give Dose 3 (Tdap) today	
			It has not been 4 weeks since Dose 2	Any dose was Tdap	No dose today	Give Dose 3 (Td) at least 4 weeks after Dose 2 ¹
				No dose was Tdap	No dose today	Give Dose 3 (Tdap) at least 4 weeks after Dose 2
		Dose 1 was given at 12 months of age or older	It has been at least 6 calendar months since Dose 2	Any dose was Tdap	Give Dose 3 (Td) today ¹	Give Td 10 years after Dose 3 ¹
				No dose was Tdap	Give Dose 3 (Tdap) today	
			It has not been 6 calendar months since Dose 2	Any dose was Tdap	No dose today	Give Dose 3 (Td) at least 6 calendar months after Dose 2 ¹
				No dose was Tdap	No dose today	Give Dose 3 (Tdap) at least 6 calendar months after Dose 2

¹If Tdap was administered prior to the 11th birthday, then a dose of Tdap would be recommended at 11 years of age or older. Administer Tdap instead of Td as the next dose in the catch-up series.

Revised September 2019

SECTION 1 INDIVIDUAL VACCINE REQUIREMENTS

Catch-Up Guidance for Children 11 through 18 Years of Age

Tetanus-, Diphtheria-, and Pertussis-Containing Vaccines: Tdap/Td

The table below provides guidance for children whose vaccinations have been delayed. Start with the child's age and information on previous doses (previous doses must be documented and must meet minimum age requirements and minimum intervals between doses).

IF current age is	AND # of previous doses of DTaP, DT, Td, or Tdap is	AND	AND	AND	THEN	Next dose due
11 through 18 years of age	3	Dose 1 was given before 12 months of age	It has been at least 6 calendar months since Dose 3	Any dose was Tdap	Give Dose 4 (Td) today ¹	Give Td 10 years after Dose 4
				No dose was Tdap	Give Dose 4 (Tdap) today	
			It has not been 6 calendar months since Dose 3	Any dose was Tdap	No dose today	Give Dose 4 (Td) at least 6 calendar months after Dose 3 ¹
				No dose was Tdap	No dose today	Give Dose 4 (Tdap) at least 6 calendar months after Dose 3
		Dose 1 was given at 12 months of age or older	No dose was Tdap	→	Give Dose 4 (Tdap) today	Give Td 10 years after Dose 4
			Any dose was Tdap	→	→	Give Td 10 years after Dose 3 ²
	4	→	No Tdap was given after 7 th birthday	→	Give a dose of Tdap today	Give Td 10 years after Tdap dose
			Tdap was given at age 7 through 10 ¹	No Tdap was given after 11 th birthday		
				Tdap was given after 11 th birthday	No dose today	Give Td 10 years after Tdap dose

¹If Tdap was administered prior to the 11th birthday, then a dose of Tdap would be recommended at 11 years of age or older. Administer Tdap instead of Td as the next dose in the catch-up series.

²If Tdap was administered prior to the 11th birthday, then a dose of Tdap would be recommended at 11 years of age or older. Administer Tdap now, then Td in 10 years.

INDIVIDUAL VACCINE REQUIREMENTS



Polio

A student must be immunized for Polio before entering a Utah school or early childhood program according to one of the following three schedules:

All Inactivated Poliovirus Vaccine (IPV) schedule: A student must receive four doses of IPV. The first three doses must be administered a minimum of four weeks apart. The final dose of IPV must be administered according to the following:

- (a) on or after the student's fourth birthday **regardless of the number of previous doses**; and
- (b) a minimum of six months after receiving the previous dose; and
- (c) before a student enters a Utah school for the first time.
- (d) if the third dose is administered on or after a student's fourth birthday, the fourth dose is not required.

The above schedule does not apply to polio vaccines given prior to August 7, 2009.

The final dose of polio vaccine given PRIOR to August 7, 2009 will fall under the previous recommendation with a minimum interval of four weeks between doses three and four (the final dose does not require a minimum age of four years). Reference: Immunization Action Coalition Ask the Experts http://www.immunize.org/askexperts/experts_pol.asp

NOTES:

- When evaluating doses of polio vaccine administered to children outside the U.S., it is important to know that if oral polio vaccine (OPV) was used, only trivalent OPV (tOPV) counts toward the U.S. vaccination requirements. Trivalent OPV was used for routine poliovirus vaccination in all OPV using countries until April 1, 2016. Doses of oral polio vaccine administered outside U.S. after April 2016 are not trivalent OPV and do not count toward the U.S. vaccination requirements. If such vaccinations can not be validated children aged <18 years should be revaccinated with IPV according to the U.S. IPV schedule. Polio vaccine given outside the United States is valid if written documentation indicates that all doses were given after 6 weeks of age and the vaccine received was IPV or trivalent OPV.
- If a student received both types of vaccine, four doses of any combination of IPV or trivalent OPV by 4-6 years of age is considered a complete poliovirus vaccination series.*
- For all-IPV or all-trivalent OPV series, a fourth dose is not necessary if the third dose was given on or after the fourth birthday AND at least six months after the previous dose.*
- A polio vaccination schedule begun with trivalent OPV should be completed with IPV. If only trivalent OPV was administered, and all doses were given prior to four years of age, one dose of IPV should be given at four years or older, at least six months after the last trivalent OPV dose.*
- If three doses of IPV are administered, the third dose must be administered at least six months following the second dose.*
- If four or more doses are administered before age four years, an additional dose should be administered at age 4-6 years and at least six months after the previous dose. This rule does not apply to a complete polio vaccination given prior to August 7, 2009. Reference Immunization Action Coalition Immunization Experts http://www.immunize.org/askexperts/experts_pol.asp.*
- OPV was discontinued in U.S. in 2000.*

Polio Recommended Immunization Schedule

Birth	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	4-6 years	11-12 years
	IPV #1	IPV #2	IPV #3					IPV #4	

Shaded boxes indicate the vaccine can be given during shown age range.

INDIVIDUAL VACCINE REQUIREMENTS



Measles, mumps, and rubella (MMR)

A student must be immunized for Measles, Mumps, and Rubella before entering a Utah school or early childhood program.

School entry: A student attending school, **kindergarten through twelfth grade**, must receive **two** doses of Measles, Mumps, Rubella (MMR) vaccine. The first dose must be administered **on** or **after** the student's first birthday. The second dose must be administered prior to entering kindergarten. The minimum interval between dose one and dose two is four weeks.

Early childhood program entry: A child one year of age or older attending an early childhood program must have received one dose of Measles, Mumps, Rubella vaccine prior to entry.

NOTES:

- *It is recommended that children receive the second dose of MMR at 4-6 years of age, however, the second dose of MMR can be accepted if it was administered four weeks (28 days) after the first dose. If MMR vaccine is NOT administered on the same day as Varicella, a minimum of 28 days must separate the two vaccines. If two live vaccines, such as MMR and Chickenpox, are given less than four weeks apart, the vaccine given second should be repeated.*
- *If the first dose was given before the student's first birthday, it is not a valid dose and must be repeated.*
- *The four-day "grace period" does not apply to the 28-day interval between two live vaccines not administered at the same visit.*
- *If MMRV was administered instead of MMR, minimum interval between doses is three months. If the second dose of MMRV was given at least four weeks after the first dose, it can be accepted as valid. MMRV is approved for children 12 months through 12 years.*

Measles, Mumps, Rubella (MMR)

Recommended Immunization Schedule

Birth	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	4-6 years	11-12 years
				MMR #1				MMR #2	

Shaded boxes indicate the vaccine can be given during shown age range.

INDIVIDUAL VACCINE REQUIREMENTS



Varicella (Chickenpox)

A student must be immunized for Varicella or have a history of disease before entering a Utah school or early childhood program.

Kindergarten entry: A student entering kindergarten must be immunized for two doses of Varicella (Chickenpox) vaccine prior to kindergarten entry. The first dose must be administered **on** or **after** the student's first birthday.

Seventh grade entry: A student entering seventh grade must be immunized for two doses of Varicella (Chickenpox) vaccine prior to entering the seventh grade.

Early childhood program entry: A child one year of age or older attending an early childhood program must have received one dose of Varicella (Chickenpox) vaccine prior to entry. It is recommended that children receive the second dose of Varicella vaccine at 4-6 years of age.

NOTES:

- For auditing purposes, the second dose can be accepted if administered earlier than 4-6 years of age if at least three months have elapsed following the first dose. However, the second dose of Varicella vaccine can be accepted if it was previously administered at least four weeks following the first dose. Varicella vaccine doses administered to persons 13 years or older must be separated by four weeks.
- For children aged 7-12 years, the recommended minimum interval between doses is three months. For auditing purposes, if the second dose was previously administered at least four weeks after the first dose, it can be accepted as valid.
- If a student has a history of Chickenpox disease, the student must submit a document signed by a healthcare provider to the school as proof of immunity.
- If two live vaccines, such as MMR and Chickenpox, are given less than four weeks apart, the vaccine given second should be repeated. If Varicella vaccine is NOT administered on the same day as MMR, a minimum of 28 days must separate the two vaccines.
- If a child/student inadvertently received zoster vaccine rather than varicella vaccine, the dose of Zoster vaccine can be counted as one dose of Varicella vaccine.
- If the first dose was given *before* the student's first birthday, it is not a valid dose and must be repeated.
- The four-day "grace period" does not apply to the 28-day interval between two live vaccines not administered at the same visit.
- In 2015-2016 school year, two doses of Varicella vaccine became required for seventh grade and kindergarten school entry.
- If MMRV was given instead of MMR, minimum interval between doses is three months but if the second dose of MMRV was given at least four weeks after the first dose, it can be accepted as valid. MMRV is approved for children 12 months through 12 years.

Varicella (Chickenpox)

Recommended Immunization Schedule

Birth	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	4-6 years	11-12 years
				VAR #1				VAR #2	

Shaded boxes indicate the vaccine can be given during shown age range.

INDIVIDUAL VACCINE REQUIREMENTS



Haemophilus influenzae type b (Hib)

A child less than five years of age attending an early childhood program must be immunized for Haemophilus influenzae type b (Hib) as appropriate for age.

Hib is not recommended after a child's fifth birthday and, therefore, is not a requirement for entry into kindergarten.

Recommended Schedule: The number of doses in the *primary series* depends on the type of vaccine used. Merck (PedvaxHIB) vaccines require a two-dose primary series (Table, Row 1), while other brands require a three-dose primary series (Table, Row 2). If more than one brand of vaccine is used for the primary series, a three-dose primary series is required. The minimum interval between Hib doses in the primary series is four weeks. (Infants 2 through 6 months of age should receive a 3-dose series of ActHIB, Hiberix, or Pentacel or a 2-dose series of PedvaxHIB. The first dose can be administered as early as age 6 weeks. Hib-containing vaccine should not be given before 6 weeks of age. Doses given before 12 months of age should be separated by at least 4 weeks. A booster dose (which will be dose 3 or 4 depending on vaccine type used in primary series) of any Hib-containing vaccine is recommended at age 12 through 15 months and at least 8 weeks after the most recent Hib dose.)

A booster dose is recommended at 12-15 months of age regardless of which vaccine brand is used for the primary series. The booster dose must be administered a minimum of eight weeks following the previous dose **and after 12 months of age**.

Infants 2-6 months of age should receive a 3-dose series of ActHIB, Hiberix, Pentacel, or a 2-dose series of PedvaxHIB. The first dose can be administered as early as age 6 weeks. Hib-containing vaccine should not be given before 6 weeks of age. Doses given before 12 months of age should be separated by at least 4 weeks. A booster dose (which will be dose 3 or 4 depending on vaccine type used in primary series) of any Hib-containing vaccine is required at age 12-15 months and at least 8 weeks after the most recent Hib dose.

If a healthy child receives a dose of Hib vaccine at 15 months of age or older, he or she does not need any further doses regardless of the number of doses received before 15 months of age. Some high-risk children between the ages of 5 months and 59 months will be recommended for two doses of Hib vaccine based on previous history of incomplete vaccination.

NOTE: Comvax - a Hib/Hepatitis B combination vaccine was discontinued in 2014.

For catch-up guidance for healthy children 4 months through 4 years of age for Haemophilus influenza type B vaccines: ActHIB, Pentacel, Hiberix, unknown, or PedvaxHIB, see the next few pages.

Haemophilus influenzae type B (Hib)

Recommended Immunization Schedule

Birth	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	4-6 years	11-12 years
	Merck Hib #1	Merck Hib #2		Merck Hib #3 Booster					
	Other Hib #1	Other Hib #2	Other Hib #3	Other Hib #4 Booster					

Shaded boxes indicate the vaccine can be given during shown age range.

INDIVIDUAL VACCINE REQUIREMENTS

Catch-Up Guidance for Healthy¹ Children 4 Months through 4 Years of Age

Haemophilus Influenzae type B Vaccines: ActHIB, Pentacel, Hiberix, or Unknown

Table #1- The table below provides guidance for children whose vaccinations have been delayed. Start with the child's age and information on previous doses (previous doses must be documented and must meet minimum age requirements and minimum intervals between doses).

IF current age is	AND # of previous doses is	AND		THEN	Next dose due
4 through 6 months	Unknown or 0	→		Give Dose 1 today	Give Dose 2 at least 4 weeks after Dose 1
	1	It has been at least 4 weeks since Dose 1		Give Dose 2 today	Give Dose 3 at least 4 weeks after Dose 2
		It has not been 4 weeks since Dose 1		No dose today	Give Dose 2 at least 4 weeks after Dose 1
	2	It has been at least 4 weeks since Dose 2		Give Dose 3 today	Give Dose 4 (Final Dose) at 12 months of age or older
		It has not been 4 weeks since Dose 2		No dose today	Give Dose 3 at least 4 weeks after Dose 2
7 through 11 months	Unknown or 0	→	→	Give Dose 1 today	Give Dose 2 at least 4 weeks after Dose 1
	1	It has been at least 4 weeks since Dose 1	→	Give Dose 2 today	IF Dose 1 was given before 7 months of age, give Dose 3 at least 4 weeks after Dose 2
					IF Dose 1 was given at 7 months of age or older, give Dose 3 (Final Dose) at least 8 weeks after Dose 2 and no earlier than 12 months of age or older
	2	It has not been 4 weeks since Dose 1	→	No dose today	Give Dose 2 at least 4 weeks after Dose 1
		Dose 1 was given before 7 months of age	It has been at least 4 weeks since Dose 2	Give Dose 3 today	Give Dose 4 (Final Dose) at least 8 weeks after Dose 3 and no earlier than 12 months of age or older
			It has not been 4 weeks since Dose 2	No dose today	Give Dose 3 at least 4 weeks after Dose 2
		Dose 1 was given at 7 months of age or older	→	No dose today	Give Dose 3 (Final Dose) at least 8 weeks after Dose 2, and no earlier than 12 months of age or older

INDIVIDUAL VACCINE REQUIREMENTS

Catch-Up Guidance for Healthy¹ Children 4 Months through 4 Years of Age Haemophilus Influenzae type B Vaccines: ActHIB, Pentacel, Hiberix, or Unknown

IF current age is	AND # of previous doses is	AND	AND	AND	THEN	Next Dose Due
12 through 14 months	Unknown or 0	→	→	→	Give Dose 1 today	Give Dose 2 (Final Dose) at least 8 weeks after Dose 1
	1	Dose 1 was given be-fore 12 months of age	It has been at least 4 weeks since Dose 1	→	Give Dose 2 today	Give Dose 3 (Final Dose) at least 8 weeks after Dose 2
			It has not been 4 weeks since Dose 1	→	No dose today	Give Dose 2 at least 4 weeks after Dose 1
		Dose 1 was given at 12 months of age or older	It has been at least 8 weeks since Dose 1	→	Give Dose 2 (Final Dose) today	No additional doses needed
			It has not been 8 weeks since Dose 1	→	No dose today	Give Dose 2 (Final Dose) at least 8 weeks after Dose 1
	2	Dose 1 was given be-fore 12 months of age	It has been at least 8 weeks since Dose 2	→	Give Dose 3 (Final Dose) today	No additional doses needed
			It has not been 8 weeks since Dose 2	→	No dose today	Give Dose 3 (Final Dose) at least 8 weeks after Dose 2
		Dose 1 was given at 12 months of age or older	→	→	No dose today	No additional doses needed
	3	All doses were given before 12 months of age	→	It has been at least 8 weeks since Dose 3	Give Dose 4 (Final Dose) today	No additional doses needed
				It has not been 8 weeks since Dose 3	No dose today	Give Dose 4 (Final Dose) at least 8 weeks after Dose 3
		At least one dose was given at 12 months of age or older	→	→	No dose today	No additional doses needed

INDIVIDUAL VACCINE REQUIREMENTS

Catch-Up Guidance for Healthy¹ Children 4 Months through 4 Years of Age Haemophilus Influenzae type B Vaccines: ActHIB, Pentacel, Hiberix, or Unknown

IF current age is	AND # of previous doses is	AND	AND	AND	THEN	Next Dose Due
15 through 59 months	Unknown or 0	→	→	→	Give Dose 1 (Final Dose) to-day	No additional doses needed
	1	Dose 1 was given be-fore 12 months of age	→	→	Give Dose 2 (Final Dose) to-day	No additional doses needed
		Dose 1 was given at 12 through 14 months of age	It has been at least 8 weeks since Dose 1	→	Give Dose 2 (Final Dose) to-day	No additional doses needed
			It has not been 8 weeks since Dose 1	→	No dose today	Give Dose 2 (Final Dose) at least 8 weeks after Dose 1
		Dose 1 was given at 15 months of age or older	→	→	No dose today	No additional doses needed
	2	Dose 1 was given be-fore 12 months of age	Dose 2 was given be-fore 15 months of age	It has been at least 8 weeks since Dose 2	Give Dose 3 (Final Dose) to-day	No additional doses needed
			Dose 2 was given at 15 months of age or older	It has not been 8 weeks since Dose 2	No dose today	Give Dose 3 (Final Dose) at least 8 weeks after Dose 2
				→	No dose today	No additional doses needed
		Dose 1 was given at 12 months of age or older	→	→	No dose today	No additional doses needed

INDIVIDUAL VACCINE REQUIREMENTS

Catch-Up Guidance for Healthy¹ Children 4 Months through 4 Years of Age Haemophilus Influenzae type B Vaccines: ActHIB, Pentacel, Hiberix, or Unknown

IF current age is	AND # of previous doses is	AND	AND	AND	THEN	Next Dose Due
15 through 59 months	3	Dose 3 was given before 15 months of age	All doses were given before 12 months of age	→	Give Dose 4 (Final Dose) to-day	No additional doses needed
			At least one dose was given at 12 months of age or older	→	No dose today	No additional doses needed
		Dose 3 was given at 15 months of age or older	→	→	No dose today	No additional doses needed

¹For immunization guidance for children at increased risk for Haemophilus influenzae type b disease, refer to notes of the Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger – United States, 2019 www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf.

INDIVIDUAL VACCINE REQUIREMENTS

Catch-Up Guidance for Healthy¹ Children 4 Months through 4 Years of Age Haemophilus Influenzae type B Vaccines: PedvaxHIB vaccine only

Table #2- The table below provides guidance for children whose vaccinations have been delayed. Start with the child's age and information on previous doses (previous doses must be documented and must meet minimum age requirements and minimum intervals between doses).

IF current age is	AND # of previous doses is	AND	AND	THEN	Next Dose Due
4 through 6 months	0	→	→	Give Dose 1 today	Give Dose 2 at least 4 weeks after Dose 1
	1	→	It has been at least 4 weeks since Dose 1	Give Dose 2 today	Give Dose 3 (Final Dose) at 12 months of age or older
		→	It has not been 4 weeks since Dose 1	No dose today	Give Dose 2 at least 4 weeks after Dose 1
7 through 11 months	0	→	→	Give Dose 1 today	Give Dose 2 at least 4 weeks after Dose 1
	1	→	It has been at least 4 weeks since Dose 1	Give Dose 2 today	Give Dose 3 (Final Dose) at least 8 weeks after Dose 2 and at 12 months of age or older
		→	It has not been 4 weeks since Dose 1	No dose today	Give Dose 2 at least 4 weeks after Dose 1
12 through 14 months	0	→	→	Give Dose 1 today	Give Dose 2 (Final Dose) at least 8 weeks after Dose 1
	1	Dose 1 was given before 12 months of age	It has been at least 4 weeks since Dose 1	Give Dose 2 today	Give Dose 3 (Final Dose) at least 8 weeks after Dose 2
			It has not been 4 weeks since Dose 1	No dose today	Give Dose 2 at least 4 weeks after Dose 1
		Dose 1 was given at 12 months of age or older	It has been at least 8 weeks since Dose 1	Give Dose 2 (Final Dose) today	No additional doses needed
			It has not been 8 weeks since Dose 1	No dose today	Give Dose 2 (Final Dose) at least 8 weeks after Dose 1
	2	Dose 1 was given before 12 months of age	It has been at least 8 weeks since Dose 2	Give Dose 3 (Final Dose) today	No additional doses needed
			It has not been 8 weeks since Dose 2	No dose today	Give Dose 3 (Final Dose) at least 8 weeks after Dose 2
		Dose 1 was given at 12 months of age or older	→	No dose today	No additional doses needed

INDIVIDUAL VACCINE REQUIREMENTS

Catch-Up Guidance for Healthy¹ Children 4 Months through 4 Years of Age Haemophilus Influenzae type B Vaccines: PedvaxHIB vaccine only

IF current age is	AND # of previous doses is	AND	AND	AND	THEN	Next Dose Due
15 through 59 months	0	→	→	→	Give Dose 1 (Final Dose) today	No additional doses needed
	1	Dose 1 was given before 12 months of age	→	→	Give Dose 2 (Final Dose) today	No additional doses needed
		Dose 1 was given at 12 through 14 months of age	It has been at least 8 weeks since Dose 1	→	Give Dose 2 (Final Dose) today	No additional doses needed
			It has not been 8 weeks since Dose 1	→	No dose today	Give Dose 2 (Final Dose) at least 8 weeks after Dose 1
		Dose 1 was given at 15 months of age or older	→	→	No dose today	No additional doses needed
	2	Dose 1 was given before 12 months of age	Dose 2 was given before 15 months of age	It has been at least 8 weeks since Dose 2	Give Dose 3 (Final Dose) today	No additional doses needed
				It has not been 8 weeks since Dose 2	No dose today	Give Dose 3 (Final Dose) at least 8 weeks after Dose 2
			Dose 2 was given at 15 months of age or older	→	No dose today	No additional doses needed
		Dose 1 was given at 12 months or older	→	→	No dose today	No additional doses needed

¹Refer to notes of the www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf for children at increased risk for Haemophilus influenzae type b disease.

INDIVIDUAL VACCINE REQUIREMENTS



Pneumococcal

A child less than five years of age attending an early childhood program must be immunized for Pneumococcal disease as appropriate for age.

Pneumococcal vaccine is not recommended after a child's fifth birthday and, therefore, is not a requirement for entry into kindergarten.

Recommended Schedule: Pneumococcal vaccine is recommended for routine administration at ages two, four and six months of age with a booster dose at 12-15 months. Catch-up immunization is recommended for children who may have started late or fell behind schedule, using fewer doses depending on their age (see tables on page 8). The minimum interval between doses administered to children <12 months of age is four weeks. The minimum interval between doses administered at ≥12 months of age is eight weeks. The booster dose of PCV vaccine, following the primary series, should be administered no earlier than 12 months of age **and** at least eight weeks after the previous dose.

NOTE: One supplemental dose of PCV 13 vaccine is required for healthy children 14-59 months of age who have received four doses of PCV 7 or another age-appropriate, complete PCV7 schedule. Children who have underlying medical conditions, a single supplemental PCV13 is required through 71 months of age.

For catch-up guidance for health children 4 months through 4 years of age for pneumococcal conjugate vaccine (PCV), see the next few pages

Pneumococcal Conjugate (PCV)

Recommended Immunization Schedule

Birth	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	4-6 years	11-12 years
	PCV #1	PCV #2	PCV #3	PCV Booster					

Shaded boxes indicate the vaccine can be given during age range shown.

INDIVIDUAL VACCINE REQUIREMENTS

Catch-Up Guidance for Healthy Children 4 months through 4 Years of Age

Pneumococcal Conjugate Vaccine: PCV

Table #1 – The table below provides guidance for children whose vaccinations have been delayed. Start with the child's age and information on previous doses (previous doses must be documented and must meet minimum age requirements and minimum intervals between doses).

IF current age is	AND # of previous doses is	AND		THEN	Next dose due
4 through 6 months	0 or unknown	→	→	Give Dose 1 today	Give Dose 2 at least 4 weeks after Dose 1
	1	→	It has been at least 4 weeks since Dose 1	Give Dose 2 today	Give Dose 3 at least 4 weeks after Dose 2
		→	It has not been at least 4 weeks since Dose 1	No dose today	Give Dose 2 at least 4 weeks after Dose 1
	2	→	It has been at least 4 weeks since Dose 2	Give Dose 3 today	Give Dose 4 (Final Dose) at 12 months of age or older
		→	It has not been at least 4 weeks since Dose 2	No dose today	Give Dose 3 at least 4 weeks after Dose 2
7 through 11 months	0	→	→	Give Dose 1 today	Give Dose 2 at least 4 weeks after Dose 1
	1	Dose 1 was given before 7 months of age	It has been at least 4 weeks since Dose 1	Give Dose 2 today	Give Dose 3 (Final Dose) at least 8 weeks after Dose 2 and at 12 months of age or older
			It has not been 4 weeks since Dose 1	No dose today	Give Dose 2 at least 4 weeks after Dose 1
		Dose 1 was given at 7 months or older	It has been at least 4 weeks since Dose 1	Give Dose 2 today	Give Dose 3 (Final Dose) at least 8 weeks after Dose 2 and at 12 months of age or older
			It has not been 4 weeks since Dose 1	No dose today	Give Dose 2 at least 4 weeks after Dose 1
	2	Dose 2 was given before 7 months of age	It has been at least 4 weeks since Dose 2	Give Dose 3 today	Give Dose 4 (Final Dose) at least 8 weeks after Dose 3 and at 12 months of age or older
			It has not been 4 weeks since Dose 2	No dose today	Give Dose 3 at least 4 weeks after Dose 2
		Dose 2 was given at 7 months or older	→	No dose today	Give Dose 3 (Final Dose) at least 8 weeks after Dose 2 and at 12 months of age or older

1 Refer to the notes of the 2019 Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger for immunization guidance for children at increased risk for pneumococcal disease www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf.

INDIVIDUAL VACCINE REQUIREMENTS

Catch-Up Guidance for Healthy Children 4 months through 4 Years of Age Pneumococcal Conjugate Vaccine: PCV

IF current age is	AND # of previous doses is	AND	AND	THEN	Next dose due
12 through 23 months	0 or unknown	→	→	Give Dose 1 today	Give Dose 2 (Final Dose) at least 8 weeks after Dose 1
	1	Dose 1 was given before 12 months of age	It has been at least 4 weeks since Dose 1	Give Dose 2 today	Give Dose 3 (Final Dose) at least 8 weeks after Dose 2
			It has not been 4 weeks since Dose 1	No dose today	Give Dose 2 at least 4 weeks after Dose 1
		Dose 1 was given at 12 months of age or older	It has been at least 8 weeks since Dose 1	Give Dose 2 (Final Dose) today	No additional doses needed
			It has not been 8 weeks since Dose 1	No dose today	Give Dose 2 (Final Dose) at least 8 weeks after Dose 1
	2	Both doses were given before 12 months of age	It has been at least 8 weeks since Dose 2	Give Dose 3 (Final Dose) today	No additional doses needed
			It has not been 8 weeks since Dose 2	No dose today	Give Dose 3 (Final Dose) at least 8 weeks after Dose 2
		At least one dose was given at 12 months or older	It has been at least 8 weeks since Dose 2	Give Dose 3 (Final Dose) today	No additional doses needed
			It has not been 8 weeks since Dose 2	No dose today	Give Dose 3 (Final Dose) at least 8 weeks after Dose 2
		Both doses were given at 12 months or older ²	→	No dose today	No additional doses needed
			→	No dose today	No additional doses needed
	3	All doses were given before 12 months of age	It has been at least 8 weeks since Dose 3	Give Dose 4 (Final Dose) today	No additional doses needed
			It has not been 8 weeks since Dose 3	No dose today	Give Dose 4 (Final Dose) at least 8 weeks after Dose 3
		1 or more doses were given at 12 months of age or older	→	No dose today	No additional doses needed

¹ Refer to the notes of the 2019 Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger for immunization guidance for children at increased risk for pneumococcal disease.

² Separated by at least 8 weeks.

Reference: Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger—United States, 2019.
www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf

INDIVIDUAL VACCINE REQUIREMENTS

Catch-Up Guidance for Healthy Children 4 months through 4 Years of Age

Pneumococcal Conjugate Vaccine: PCV

IF current age is	AND # of previous doses is	AND	AND	AND	THEN	Next dose due
24 through 59 months	0	→	→	→	Give Dose 1 today	No additional doses needed
	1	Dose 1 was given before 1 st birthday	→	→	Give Dose 2 (Final Dose) today	No additional doses needed
		Dose 1 was given after 1 st birthday	Dose 1 was given before 2 nd birthday	It has been at least 8 weeks since Dose 1	Give Dose 2 (Final Dose) today	No additional doses needed
				It has not been at least 8 weeks since Dose 1	No dose today	Give Dose 2 (Final Dose) at least 8 weeks after Dose 1
			Dose 1 was given after 2 nd birthday	→	No dose today	No additional doses needed
	2	Dose 1 was given before 12 months of age	Dose 2 was given before 1 st birthday	→	Give Dose 3 (Final Dose) today	No additional doses needed
			Dose 2 was given after 1 st birthday	Dose 2 was given before 2 nd birthday	Give Dose 3 (Final Dose) today	No additional doses needed
				Dose 2 was given after 2 nd birthday	No dose today	No additional doses needed
		Dose 1 was given after 12 months of age	→	→	No dose today	No additional doses needed
	3	All 3 doses were given before 12 months of age	→	→	Give Dose 4 (Final Dose) today	No additional doses needed
		1 or more doses were given at 12 months or older	→	→	No dose today	No additional doses needed

¹Refer to the notes of the 2019 Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger for immunization guidance for children at increased risk for pneumococcal disease www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf.

INDIVIDUAL VACCINE REQUIREMENTS



Hepatitis A

A student must be immunized for Hepatitis A before entering a Utah school or early childhood program.

School entry: Two doses of Hepatitis A vaccine are required prior to kindergarten entry. The first dose must be administered **on** or **after** a student's first birthday. The second dose must be administered a minimum of six months after the first dose.

Early childhood program entry: A child one year of age or older attending an early childhood program must be immunized for Hepatitis A as appropriate for age prior to entry. The first dose must be administered **on** or **after** a child's first birthday. The second dose must be administered a minimum of six months after the first dose.

Hepatitis A

Recommended Immunization Schedule

Birth	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	4-6 years	11-12 years
				Hepatitis A #1 & 2					

Shaded boxes indicate the vaccine can be given during shown age range.

INDIVIDUAL VACCINE REQUIREMENTS



Hepatitis B

A student must be immunized for Hepatitis B before entering a Utah school or early childhood program.

Kindergarten entry: Three doses of Hepatitis B vaccine are required prior to kindergarten entry. The first two doses must be administered a minimum of four weeks apart. The final (third or fourth) dose must be administered according to the following three conditions. All three conditions **MUST** be met.

- (a) The student (child) is/was a minimum of 24 weeks of age;
- (b) The minimum interval between dose two and three must be at least eight weeks; and
- (c) The minimum interval between dose one and dose three (final dose) must be at least 16 weeks.

NOTES:

- **Condition (a) must be met before (b) and (c).**
- For students aged 11-15 years, two doses meet the requirement (separated by at least four months) if adult Hepatitis B vaccine Recombivax HB was used.
- A total of four doses of Hepatitis B vaccine is recommended when a combination vaccine containing Hepatitis B is administered after the birth dose.

Seventh grade entry: A student must be immunized for Hepatitis B prior to entering the seventh grade. Immunizations previously administered according to the above schedule satisfy this requirement.

Early childhood program entry: A child attending an early childhood program must be immunized for Hepatitis B as appropriate for age prior to entry. See applicable vaccine schedule/conditions above.

Hepatitis B Recommended Immunization Schedule									
Birth	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	4-6 years	11-12 years
Hepatitis B #1									
	Hepatitis B #2								
			Hepatitis B #3						

Shaded boxes indicate the vaccine can be given during shown age range.

INDIVIDUAL VACCINE REQUIREMENTS



Meningococcal

A student must receive one dose of Meningococcal Conjugate vaccine prior to 7th grade entry.

School entry: One dose of Meningococcal Conjugate vaccine is required prior to 7th grade entry.

NOTE: Only Meningococcal Conjugate vaccine given on or after 10 years of age is acceptable for 7th grade school entry.

Meningococcal Conjugate

Recommended Immunization Schedule

Birth	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	4-6 years	11-12 years
									Meningococcal



Tetanus-diphtheria-acellular pertussis (Tdap)

A student must be immunized with a single dose of Tdap prior to 7th grade entry.

Tetanus-diphtheria-acellular pertussis (Tdap)

Recommended Immunization Schedule

Birth	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	4-6 years	11-12 years
									Tdap

Shaded boxes indicate the vaccine can be given during shown age range.

SECTION 2 SUMMARY OF REQUIREMENTS



SCHOOL ENTRY REQUIREMENTS FOR GRADES K-12

The following vaccines are required for students entering kindergarten:

- 5 DTaP/DT*
- 4 Polio**
- 2 Measles, Mumps, Rubella (MMR)
- 3 Hepatitis B
- 2 Hepatitis A
- 2 Varicella (Chickenpox)

*Proof of immunity to disease (s) can be accepted in place of vaccination only if a document is presented to the school from a healthcare provider stating the student previously contracted the disease.

The following vaccines are required for students entering seventh grade:

- 1 Tdap
- 3 Hepatitis B
- 2 Varicella (Chickenpox)
- 1 Meningococcal Conjugate- **Only Meningococcal Conjugate vaccine given on or after 10 years of age is acceptable for 7th grade school entry.**

*Proof of immunity to disease (s) can be accepted in place of vaccination only if a document from a healthcare provider stating the student previously contracted the disease is presented to the school.

Kindergarten through grade 12: ALL students kindergarten through grade 12 are required to have two doses of the MMR vaccine.

In 2015-2016 school year, two doses of Varicella vaccine became required for seventh grade and kindergarten school entry.

***DTaP/DT- Only four doses are required if fourth dose was administered on or after the fourth birthday.**

****Polio - Only three doses are required if third dose was administered on or after the fourth birthday.**

SUMMARY OF REQUIREMENTS



PROGRESSIVE GRADE REQUIREMENTS FOR SCHOOLS ONLY

Beginning with the 1999-2000 school year, Hepatitis B became a requirement for kindergarten entry. Beginning with the 2002-2003 school year, Hepatitis A and Varicella became requirements for kindergarten entry. Beginning with the 2006-2007 school year, Hepatitis B, Tetanus/Diphtheria booster (Td), and Varicella became requirements for seventh grade entry. Beginning with the 2007-2008 school year, Tetanus/Diphtheria/Pertussis (Tdap) became a requirement for the seventh grade booster dose. Beginning with the 2015-2016 school year one dose of Meningococcal conjugate vaccine became a requirement for the seventh grade entry and two doses of Varicella vaccine became a requirement for seventh grade entry and kindergarten entry. Please refer to the chart below to determine which grades are required to have these immunizations.

All grade requirements are progressive, meaning that if a vaccine is required for kindergarten entry this year, it is required for kindergarten and first grade the following year, kindergarten, first, and second grades the next year, and so on.

Remember these requirements are based upon a particular grade cohort or group. If a child repeats a grade, the child is subject to the requirements of the new grade, even if the child's birth date is not in the range for requirement.

Hepatitis A, Hepatitis B, Varicella , MMR, Polio, DTaP*/Td

School Year	Grades Required
2019-2020	K-12th

*DTaP is required for kindergarten entry. A student seven years or older who has not received any of the DTaP/DT vaccines must receive three doses of adult Tetanus/Diphtheria (Td) A single dose of Tdap should be substituted for one of the doses in the Td series, if not previously given.

Varicella (Chickenpox)

School Year	Grades Required
2019-2020	Kindergarten-4th
2019-2020	7th-11th

*STUDENTS IN ALL OTHER GRADES ARE REQUIRED TO HAVE ONE DOSE OF THE VARICELLA (CHICKENPOX) VACCINE

Tdap

School Year	Grades Required
2019-2020	7th-12th

Meningococcal Conjugate

School Year	Grades Required
2019-2020	7th-11th

SUMMARY OF REQUIREMENTS



EARLY CHILDHOOD PROGRAM REQUIREMENTS

As of July 1, 2008, children enrolled in early childhood programs must be immunized appropriately for age with the following immunizations:

- Diphtheria, Tetanus, Pertussis (DTaP)
- Measles, Mumps, Rubella (MMR)
- Polio
- Haemophilus influenzae type b (Hib)
- Hepatitis A
- Hepatitis B
- Varicella (Chickenpox)
- Pneumococcal

*Proof of immunity to disease(s) can be accepted in place of vaccination only if a document from a healthcare provider stating the student previously contracted the disease is presented to the facility.



MINIMUM AGE AND MINIMUM INTERVALS

The timing and spacing of vaccine doses are two of the most important issues in the appropriate use of vaccines. Using an accelerated vaccine schedule may be necessary for children who have fallen behind schedule and need to be brought up-to-date quickly. Accelerated schedules should not be used routinely.

Vaccine doses should not be administered at intervals less than the minimum interval or earlier than the minimum ages listed in the following table.

SUMMARY OF REQUIREMENTS



MINIMUM AGE AND MINIMUM INTERVALS

VACCINE	Minimum AGE Dose 1	Minimum INTERVAL Dose 1 to 2	Minimum INTERVAL Dose 2 to 3	Minimum INTERVAL Dose 3 to 4	Minimum INTERVAL Dose 4 to 5
DTaP/DTP/DT	6 weeks	4 weeks	4 weeks	6 months <i>NOTE: For auditing purposes only — dose 4 need not be repeated if given at least 4 months after dose 3.</i>	6 months
Polio	6 weeks	4 weeks	4 weeks	6 months (final dose must be given on or after the fourth birthday AND 6 months from the previous dose)	
MMR	12 months	4 weeks	If the first dose of MMR is given <u>before</u> the first birthday, it must be repeated.		
Hepatitis B	birth	4 weeks	8 weeks (child must be at least 24 weeks of age)	There must be 16 weeks between dose 1 and 3.	
Hib	6 weeks	4 weeks If first dose given at <12 months 8 weeks (as final dose) If first dose given at 12-14 months No further doses needed If first dose given at ≥15 months	4 weeks If current age <12 months 8 weeks (as final dose) If current age ≥12 months and second dose given at <15 months No further doses needed If previous dose given at ≥15 months	8 weeks (as final dose) This dose only necessary for children aged 12 months - 5 years who received 3 doses before 12 months. Last dose should not be given earlier than 12 months and a minimum of 8 weeks after previous dose.	NOTE: Schedule may vary according to child's current age and previous number of doses received.
Varicella (Chickenpox)	12 months	3 months (Children >13 years of age need 2 doses, 4 weeks apart.)	If the first dose of Varicella is given <u>before</u> the first birthday, it must be repeated.		
Hepatitis A	12 months	6 months			
Pneumococcal Conjugate (PCV)	6 weeks	4 weeks If first dose given at <12 months 8 weeks (as final dose) If first dose given at ≥12 months or current age 24-59 months No further doses needed for healthy children if first dose given at ≥24 months	4 weeks If current age <12 months 8 weeks (as final dose) If current age ≥12 months No further doses needed for healthy children if previous dose given at ≥24 months	8 weeks (as final dose) This dose necessary for children age 12 months - 5 years who received 3 doses before age 12 months.	NOTE: One supplemental dose of Prevnar 13 vaccine is recommended for healthy children 14-59 months of age who have completed the 4-dose series with Prevnar 7 AND for children with underlying medical conditions through 71 months of age. Schedule may vary according to child's current age and previous number of doses received.
Tetanus/Diphtheria/ Pertussis (Tdap)	A single dose of Tdap is recommended at 11-12 years of age, regardless of interval since the last tetanus/diphtheria-containing vaccine. Td boosters should be administered every ten years thereafter.				
Meningococcal Conjugate	11-12 years	8 weeks			

SECTION 3 ANNUAL REPORTS



DUE DATES

Each year, the Utah Department of Health collaborates with the Utah State Board of Education (USBE) as required by Utah Statutory Code 53G-9-305(2)(b) to collect immunization data on currently enrolled students from all public, private, and parochial schools. Each school is required to submit data regarding the immunization status of all children currently enrolled. These reports reflect the current requirements in accordance with CDC guidelines. **All reports must be completed online.** The Utah Department of Health will prescribe the information needed for each of the listed reports and instructions for completion.

THE DUE DATES ARE AS FOLLOWS:

NOVEMBER 30 OF EACH YEAR:

- (a) *KINDERGARTEN SUMMARY REPORT* – statistical report of the immunization status of all kindergarten children in any school setting (public, private, charter, or parochial).
- (b) *SECOND DOSE MMR REPORT* – statistical report of the two-dose Measles, Mumps, and Rubella immunization status of all students kindergarten through grade 12.
- (c) *SEVENTH GRADE SUMMARY REPORT* – statistical report of the Hepatitis B, Tdap, Meningococcal, and Varicella status of all seventh grade students in any setting (public, private, charter, or parochial).
- (d) *EARLY CHILDHOOD PROGRAM REPORT* – statistical report of the immunization status of all children in an early childhood program (nursery or preschools, licensed child care centers, child care facility, family home care, and Head Start Programs).

OTHER REQUIREMENTS:

- (a) *YEAR-END REPORTS – DUE JUNE 15th of each year* – public and charter schools that report students as “conditional admission” or “out-of-compliance” on the November report will be required to submit a year-end report. This report will track those students to determine if they were immunized by the end of the school year. The Utah Immunization Program will collect the information and submit it to the Utah State Board of Education (USBE) to determine weighted pupil unit funds for each public school district in accordance with USBE policies and Utah Statutory Code (Section 53G-9-302).
- (b) *AUDITS* – Periodic audits of schools and/or early childhood programs may be conducted by local or state health department representatives for record review to ensure children meet the immunization requirements. The goal of these audits is to assure adequate protection of Utah’s children while improving immunization procedures. A major emphasis of these visits is to provide assistance in solving any problems.

SECTION 3 ANNUAL REPORTS



DEFINITIONS

The following are **definitions** which are used in the **Annual Reports**.

UP-TO-DATE (UTD) FOR SCHOOL ATTENDANCE - any student who has received the appropriate number of doses for each required vaccine. Proof of immunity is acceptable if student/child is claiming immunity against a disease for which vaccination is required because the student previously contracted the disease. The student must submit a document signed by a healthcare provider to the school/early childhood program as proof of immunity.

CONDITIONAL ENROLLMENT- A student who has not provided a school/early childhood program with a complete immunization record at the time of enrollment may attend school/early childhood program on a conditional enrollment. Conditional enrollment is a period where the student's immunization record is under review by the school/early childhood program or for 21 calendar days after the day a school/early childhood program provides a written notice to a student's legally responsible individual, in person or by mail. The notice describes the identified deficiencies or states that the school has not received an immunization record for the student and requests the required immunizations to be provided to school/early childhood program within the conditional enrollment period to avoid exclusion.

Students who do not comply at the end of the conditional enrollment period must be excluded from attending the school/early childhood program until they provide proper documentation of immunization records to school.

EXTENDED CONDITIONAL ENROLLMENT- At the end of the conditional enrollment period, a school principal or administrator can grant an additional extension of the conditional enrollment in the following situations, if the extension is necessary to complete all required vaccination doses:

- When more time is medically recommended to complete all required vaccination doses, and
- School principal or administrator and a school nurse, a health official, or a health official designee agree that an additional extension will likely lead to compliance with school immunization record requirements during the additional extension period.

UP-TO-DATE (UTD) FOR EARLY CHILDHOOD PROGRAM ATTENDANCE - any child who has received appropriate number of doses for each required vaccine appropriate for his/her age. Proof of immunity is acceptable if student/child is claiming immunity against a disease for which vaccination is required because the student previously contracted the disease. The student must submit a document signed by a healthcare provider to the school/early childhood program as proof of immunity.

EXEMPTION - a relief from the statutory immunization requirements by reason of medical, religious, or personal reasons.

SECTION 3 ANNUAL REPORTS



DEFINITIONS

The following are **definitions** that are used in the **Annual Reports**.

OUT-OF-COMPLIANCE – At the end of the conditional enrollment period, the school/early childhood program must exclude the student who does not comply with school immunization record requirements from attending school/early childhood program until the student complies with the school immunization requirements, **EXCEPT** if a student has been granted:

- (1) an additional extension of the conditional enrollment period by a school principal or administrator, for a time period medically recommended to complete all required vaccination doses, or
- (2) an additional extension of the conditional enrollment in cases of extenuating circumstances if a school principal or administrator and a school nurse, a health official, or a health official designee agree that an additional extension will likely lead to compliance with school immunization record requirements during the additional extension period.

A student missing any of the following school immunization record requirements is considered out of compliance:

- (a) if the school has not received an immunization record (no immunization record) from the legally responsible individual of the student, the student's former school, or a statewide registry that shows the student has received each vaccination required by the department, or
- (b) If the student did not receive each vaccination required by the department, or
- (c) for any required vaccination that the student did not receive and claimed immunity, the student did not submit a document signed by a healthcare provider to the school as proof of immunity (history of disease) against the disease for which the vaccination is required, or
- (d) legally responsible individual of the student claimed the student had an exemption from one or more of the required vaccinations but the student has not submitted an exemption form to school, or
- (e) the student has received fewer than the required number of doses, and is one month past due for subsequent immunizations, or
- (f) the student has received one or more doses at less than the minimum interval or less than the minimum age, or
- (g) the student does not comply with the immunization requirements for military children under Section 53E-3-905.

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UTAH STATUTORY CODE

Utah Code – Statutes and Constitution

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Chapter 9 – Health and Welfare

Part 3 -- Immunization Requirements

53G-9-301. Definitions.

As used in this part:

- (1) "Department" means the Department of Health, created in Section 26-1-4.
- (2) "Health official" means an individual designated by a local health department from within the local health department to consult and counsel parents and licensed health care providers, in accordance with Subsection 53G-9-304(2)(a).
- (3) "Health official designee" means a licensed health care provider designated by a local health department, in accordance with Subsection 53G-9-304(2)(b), to consult with parents, licensed health care professionals, and school officials.
- (4) "Immunization" or "immunize" means a process through which an individual develops an immunity to a disease, through vaccination or natural exposure to the disease.
- (5) "Immunization record" means a record relating to a student that includes:
 - (a) information regarding each required vaccination that the student has received, including the date each vaccine was administered, verified by:
 - (i) a licensed health care provider;
 - (ii) an authorized representative of a local health department;
 - (iii) an authorized representative of the department;
 - (iv) a registered nurse; or
 - (v) a pharmacist;
 - (b) information regarding each disease against which the student has been immunized by previously contracting the disease; and
 - (c) an exemption form identifying each required vaccination from which the student is exempt, including all required supporting documentation described in Section 53G-9-303.
- (6) "Legally responsible individual" means:
 - (a) a student's parent;
 - (b) the student's legal guardian;
 - (c) an adult brother or sister of a student who has no legal guardian; or
 - (d) the student, if the student:
 - (i) is an adult; or
 - (ii) is a minor who may consent to treatment under Section 26-10-9.
- (7) "Licensed healthcare provider" means a healthcare provider who is licensed under Title 58, Occupations and Professions, as:
 - (a) a medical doctor;
 - (b) an osteopathic doctor;
 - (c) a physician assistant; or
 - (d) an advanced practice registered nurse.

APPENDIX A – UTAH IMMUNIZATION STATUTES AND RULES

- (8) "Local education agency" or "LEA" means:
- (a) a school district;
 - (b) a charter school; or
 - (c) the Utah Schools for the Deaf and the Blind.
- (9) "Local health department" means the same as that term is defined in Section 26A-1-102.
- (10) "Required vaccines" means vaccines required by department rule described in Section 53G-9-305.
- (11) "School" means any public or private:
- (a) elementary or secondary school through grade 12;
 - (b) preschool;
 - (c) child care program, as that term is defined in Section 26-39-102;
 - (d) nursery school; or
 - (e) kindergarten.
- (12) "Student" means an individual who attends a school.
- (13) "Vaccinating" or "vaccination" means the administration of a vaccine.
- (14) "Vaccination exemption form" means a form, described in Section 53G-9-304, that documents and verifies that a student is exempt from the requirement to receive one or more required vaccines.
- (15) "Vaccine" means the substance licensed for use by the United States Food and Drug Administration that is injected into or otherwise administered to an individual to immunize the individual against a communicable disease.

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53G-9-302. Immunization required-- Exception-- Weighted pupil unit funding.

- (1) A student may not attend a school unless:
- (a) the school receives an immunization record from the legally responsible individual of the student, the student's former school, or a statewide registry that shows:
 - (i) that the student has received each vaccination required by the department under Section 53G-9-305; or
 - (ii) for any required vaccination that the student has not received, that the student:
 - (A) has immunity against the disease for which the vaccination is required, because the student previously contracted the disease as documented by a health care provider, as that term is defined in Section 78B-3-103; or
 - (B) is exempt from receiving the vaccination under Section 53G-9-303;
 - (b) the student qualifies for conditional enrollment under Section 53G-9-308; or
 - (c) the student:
 - (i) is a student, as defined in Section 53E-3-903; and
 - (ii) complies with the immunization requirements for military children under Section 53E-3-905.
- (2) An LEA may not receive weighted pupil unit money for a student who is not permitted to attend school under Subsection (1).

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APPENDIX A – UTAH IMMUNIZATION STATUTES AND RULES

53G-9-303. Grounds for exemption from required vaccines -- Renewal.

- (1) A student is exempt from the requirement to receive a vaccine required under Section 53G-9-305 if the student qualifies for a medical or personal exemption from the vaccination under Subsection (2) or (3).
- (2) A student qualifies for a medical exemption from a vaccination required under Section 53G-9-305 if the student's legally responsible individual provides to the student's school:
 - (a) a completed vaccination exemption form; and
 - (b) a written notice signed by a licensed health care provider stating that, due to the physical condition of the student, administration of the vaccine would endanger the student's life or health.
- (3) A student qualifies for a personal exemption from a vaccination required under Section 53G-9-305 if the student's legally responsible individual provides to the student's school a completed vaccination exemption form, stating that the student is exempt from the vaccination because of a personal or religious belief.
- (4)
 - (a) A vaccination exemption form submitted under this section is valid for as long as the student remains at the school to which the form first is presented.
 - (b) If the student changes schools before the student is old enough to enroll in kindergarten, the vaccination exemption form accepted as valid at the student's previous school is valid until the earlier of the day on which:
 - (i) the student enrolls in kindergarten; or
 - (ii) the student turns six years old.
 - (c) If the student changes schools after the student is old enough to enroll in kindergarten but before the student is eligible to enroll in grade 7, the vaccination exemption form accepted as valid at the student's previous school is valid until the earlier of the day on which:
 - (i) the student enrolls in grade 7; or
 - (ii) the student turns 12 years old.
 - (d) If the student changes schools after the student is old enough to enroll in grade 7, the vaccination exemption form accepted as valid at the student's previous school is valid until the student completes grade 12.
 - (e) Notwithstanding Subsections (4)(b) and (c), a vaccination exemption form obtained through completion of the online education module created in Section 26-7-9 is valid for at least two years.

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APPENDIX A – UTAH IMMUNIZATION STATUTES AND RULES

53G-9-304. Vaccination exemption form.

- (1) The department shall:
 - (a) develop a vaccination exemption form that includes only the following information:
 - (i) identifying information regarding:
 - (A) the student to whom an exemption applies; and
 - (B) the legally responsible individual who claims the exemption for the student and signs the vaccination exemption form;
 - (ii) an indication regarding the vaccines to which the exemption relates;
 - (iii) a statement that the claimed exemption is for:
 - (A) a medical reason; or
 - (B) a personal or religious belief; and
 - (iv) an explanation of the requirements, in the event of an outbreak of a disease for which a required vaccine exists, for a student who:
 - (A) has not received the required vaccine; and
 - (B) is not otherwise immune from the disease; and
 - (b) provide the vaccination exemption form created in this Subsection (1) to local health departments.
- (2) (a) Each local health department shall designate one or more individuals from within the local health department as a health official to consult, regarding the requirements of this part, with:
 - (i) parents, upon the request of parents;
 - (ii) school principals and administrators; and
 - (iii) licensed health care providers.
 - (b) A local health department may designate a licensed health care provider as a health official designee to provide the services described in Subsection (2)(a).
- (3) (a) To receive a vaccination exemption form described in Subsection (1), a legally responsible individual shall complete the online education module described in Section 26-7-9, permitting an individual to:
 - (i) complete any requirements online; and
 - (ii) download and print the vaccine exemption form immediately upon completion of the requirements.
 - (b) A legally responsible individual may decline to take the online education module and obtain a vaccination exemption form from a local health department if the individual:
 - (i) requests and receives an in-person consultation at a local health department from a health official or a health official designee regarding the requirements of this part; and
 - (ii) pays any fees established under Subsection (4)(b).
- (4) (a) Neither the department nor any other person may charge a fee for the exemption form offered through the online education module in Subsection (3)(a).
- (b) A local health department may establish a fee of up to \$25 to cover the costs of providing an in-person consultation.

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APPENDIX A – UTAH IMMUNIZATION STATUTES AND RULES

53G-9-305. Regulations of department.

- (1) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the department shall make rules regarding:
 - (a) which vaccines are required as a condition of attending school;
 - (b) the manner and frequency of the vaccinations; and
 - (c) the vaccination exemption form described in Section 53G-9-304.
- (2) The department shall ensure that the rules described in Subsection (1):
 - (a) conform to recognized standard medical practices; and
 - (b) require schools to report to the department statistical information and names of students who are not in compliance with Section 53G-9-302.

2018

53G-9-306. Immunization record part of student's record -- School review process at enrollment -- Transfer.

- (1) Each school:
 - (a) shall request an immunization record for each student at the time the student enrolls in the school;
 - (b) may not charge a fee related to receiving or reviewing an immunization record or a vaccination exemption form; and
 - (c) shall retain an immunization record for each enrolled student as part of the student's permanent school record.
- (2)
 - (a) Within five business days after the day on which a student enrolls in a school, an individual designated by the school principal or administrator shall:
 - (i) determine whether the school has received an immunization record for the student;
 - (ii) review the student's immunization record to determine whether the record complies with Subsection 53G-9-302 (1); and
 - (iii) identify any deficiencies in the student's immunization record.
 - (b) If the school has not received a student's immunization record or there are deficiencies in the immunization record, the school shall:
 - (i) place the student on conditional enrollment, in accordance with Section 53G-9-308; and
 - (ii) within five days after the day on which the school places the student on conditional enrollment, provide the written notice described in Subsection 53G-9-308 (2).
- (3) A school from which a student transfers shall provide the student's immunization record to the student's new school upon request of the student's legally responsible individual.

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APPENDIX A – UTAH IMMUNIZATION STATUTES AND RULES

53G-9-308. Conditional enrollment -- Suspension for noncompliance -- Procedure.

- (1) A student for whom a school has not received a complete immunization record may attend the school on a conditional enrollment:
 - (a) during the period in which the student's immunization record is under review by the school; or
 - (b) for 21 calendar days after the day on which the school provides the notice described in Subsection (2).
- (2)(a) Within five days after the day on which a school places a student on conditional enrollment, the school shall provide written notice to the student's legally responsible individual, in person or by mail, that:
 - (i) the school has placed the student on conditional enrollment for failure to comply with the requirements of Subsection 53G-9-302(1);
 - (ii) describes the identified deficiencies in the student's immunization record or states that the school has not received an immunization record for the student;
 - (iii) gives notice that the student will not be allowed to attend school unless the legally responsible individual cures the deficiencies, or provides an immunization record that complies with Subsection 53G-9-302(1), within the conditional enrollment period described in Subsection (1)(b); and
 - (iv) describes the process for obtaining a required vaccination.
- (b) A school shall remove the conditional enrollment status from a student after the school receives an immunization record for the student that complies with Subsection 53G-9-302(1).
- (c) Except as provided in Subsection (2)(d), at the end of the conditional enrollment period, a school shall prohibit a student who does not comply with Subsection 53G-9-302(1) from attending the school until the student complies with Subsection 53G-9-302(1).
- (d) A school principal or administrator:
 - (i) shall grant an additional extension of the conditional enrollment period, if the extension is necessary to complete all required vaccination dosages, for a time period medically recommended to complete all required vaccination dosages; and
 - (ii) may grant an additional extension of the conditional enrollment period in cases of extenuating circumstances, if the school principal or administrator and a school nurse, a health official, or a health official designee agree that an additional extension will likely lead to compliance with Subsection 53G-9-302(1) during the additional extension period.

2018

53G-9-309. School record of students' immunization status -- Confidentiality.

- (1) Each school shall maintain a current list of all enrolled students, noting each student:
 - (a) for whom the school has received a valid and complete immunization record;
 - (b) who is exempt from receiving a required vaccine; and
 - (c) who is allowed to attend school under Section 53G-9-308.
- (2) Each school shall ensure that the list described in Subsection (1) specifically identifies each disease against which a student is not immunized.
- (3) Upon the request of an official from a local health department in the case of a disease outbreak, a school principal or administrator shall:

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- (a) notify the legally responsible individual of any student who is not immune to the outbreak disease, providing information regarding steps the legally responsible individual may take to protect students;
 - (b) identify each student who is not immune to the outbreak disease; and
 - (c) for a period determined by the local health department not to exceed the duration of the disease outbreak, do one of the following at the discretion of the school principal or administrator after obtaining approval from the local health department:
 - (i) provide a separate educational environment for the students described in Subsection (3)(b) that ensures the protection of the students described in Subsection (3)(b) as well as the protection of the remainder of the student body; or
 - (ii) prevent each student described in Subsection (3)(b) from attending school.
- (4) A name appearing on the list described in Subsection (1) is subject to confidentiality requirements described in Section 26-1-17.5 and Section 53E-9-202.

2018

Title 53E - Public Education System -- State Administration

Chapter 3 - State Board of Education Organization, Powers, and Duties

Part 9 - Interstate Compact on Educational Opportunity for Military Children

Section 905 - Article IV -- Educational records and enrollment -- Immunizations -- Grade level entrance.

Effective 1/24/2018 **53E-3-905. Article IV — Educational records and enrollment — Immunizations — Grade level entrance.**

- (1) Unofficial or "hand-carried" education records. In the event that official education records cannot be released to the parents for the purpose of transfer, the custodian of the records in the sending state shall prepare and furnish to the parent a complete set of unofficial educational records containing uniform information as determined by the Interstate Commission. Upon receipt of the unofficial education records by a school in the receiving state, the school shall enroll and appropriately place the student based on the information provided in the unofficial records pending validation by the official records, as quickly as possible.
- (2) Official education records or transcripts. Simultaneous with the enrollment and conditional placement of the student, the school in the receiving state shall request the student's official education record from the school in the sending state. Upon receipt of this request, the school in the sending state will process and furnish the official education records to the school in the receiving state within 10 days or within such time as is reasonably determined under the rules promulgated by the Interstate Commission.
- (3) Immunizations. Compacting states shall give 30 days from the date of enrollment or within such time as is reasonably determined under the rules promulgated by the Interstate Commission, for students to obtain any immunization required by the receiving state. For a series of immunizations, initial vaccinations must be obtained within 30 days or within such time as is reasonably determined under the rules promulgated by the Interstate Commission.
- (4) Kindergarten and First grade entrance age. Students shall be allowed to continue their enrollment at grade level in the receiving state commensurate with their grade level, including Kindergarten, from a local education agency in the sending state at the time of transition, regardless of age. A student that has satisfactorily completed the prerequisite grade level in the local education agency in the sending state shall be eligible for enrollment in the next highest grade level in the receiving state, regardless of age. Students transferring after the start of the school year in the receiving state shall enter the school in the receiving state on their validated level from an accredited school in the sending state.

Renumbered and Amended by Chapter 1, 2018 General Session

APPENDIX A – UTAH IMMUNIZATION STATUTES AND RULES

R396-100. Immunization Rule for Students.

R396-100-1. Purpose and Authority.

- (1) This rule implements the immunization requirements of Title 53A, Chapter 11, Part 3. It establishes minimum immunization requirements for attendance at a public, private, or parochial kindergarten, elementary, or secondary school through grade 12, nursery school, licensed day care center, child care facility, family home care, or Head Start program in this state. It establishes:
 - (a) required doses and frequency of vaccine administration;
 - (b) reporting of statistical data; and
 - (c) time periods for conditional enrollment.
- (2) This rule is required by Section 53A-11-303 and authorized by Section 53A-11-306.

R396-100-2. Definitions.

As used in this rule:

“Department” means the Utah Department of Health.

“Early Childhood Program” means a nursery or preschool, licensed day care center, child care facility, family care home, or Head Start program.

“Exemption” means a relief from the statutory immunization requirements by reason of qualifying under Sections 53A-11-302 and 302.5.

“Parent” means a biological or adoptive parent who has legal custody of a child; a legal guardian, or the student, if of legal age.

“School” means a public, private, or parochial kindergarten, elementary, or secondary school through grade 12.

“School entry” means a student, at any grade, entering a Utah school or an early childhood program for the first time.

“Student” means an individual enrolled or attempting to enroll in a school or early childhood program.

R396-100-3. Required Immunizations.

- (1) A student born before July 1, 1993 must meet the minimum immunization requirements of the ACIP prior to school entry for the following antigens: Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, and Rubella.
- (2) A student born after July 1, 1993 must meet the minimum immunization requirements of the ACIP prior to school entry for the following antigens: Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella, and Hepatitis B.
- (3) A student born after July 1, 1993 must also meet the minimum immunization requirements of the ACIP prior to entry into the seventh grade for the following antigens: Tetanus, Diphtheria, Pertussis, Varicella, and Meningococcal.
- (4) A student born after July 1, 1996 must meet the minimum immunization requirements of the ACIP prior to school entry for the following antigens: Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella, Hepatitis B, Hepatitis A, and Varicella.

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- (5) To attend a Utah early childhood program, a student must meet the minimum immunization requirements of the ACIP for the following antigens: Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella, Haemophilus Influenza Type b, Hepatitis A, Hepatitis B, Pneumococcal, and Varicella prior to school entry.
- (6) The vaccinations must be administered according to the recommendations of the United States Public Health Service's Advisory Committee on Immunization Practices (ACIP) as listed below which are incorporated by reference into this rule:
- (a) General Recommendations on Immunization: MMWR, December 1, 2006/Vol. 55/No. RR-15;
 - (b) Immunization of Adolescents: MMWR, November 22, 1996/Vol. 45/No. RR-13;
 - (c) Combination Vaccines for Childhood Immunization: MMWR, May 14, 1999/Vol. 48/No. RR-5;
 - (d) Use of Diphtheria Toxoid-Tetanus Toxoid-Acellular Pertussis Vaccine as a Five-Dose Series: Supplemental Recommendations of the Advisory Committee on Immunization Practices MMWR November 17, 2000/Vol. 49/No. RR-13;
 - (e) Updated Recommendations for Use of Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis (Tdap) Vaccine from the Advisory Committee on Immunization Practices, 2010: MMWR, January 14, 2011/Vol. 60/No. 1;
 - (f) A Comprehensive Strategy to Eliminate Transmission of Hepatitis B Virus Infection in the United States: MMWR, December 23, 2005/Vol. 54/No. RR-6;
 - (g) Haemophilus b Conjugate Vaccines for Prevention of Haemophilus influenzae Type b Disease Among Infants and Children Two Months of Age and Older: MMWR, January 11, 1991/Vol. 40/No. RR-1;
 - (h) Recommendations for Use of Haemophilus b Conjugate Vaccines and a Combined Diphtheria, Tetanus, and Pertussis, and Haemophilus b Vaccine: MMWR, September 17, 1993/Vol. 42/No. RR-13;
 - (i) Updated Recommendations of the Advisory Committee on Immunization Practices (ACIP) for the Control and Elimination of Mumps: MMWR, June 9, 2006/Vol. 55/No. RR-22;
 - (j) Updated Recommendations of the Advisory Committee on Immunization Practices (ACIP) Regarding Routine Poliovirus Vaccination: MMWR, August 7, 2009/Vol. 58/No. 30;
 - (k) Prevention of Varicella: MMWR, June 22, 2007/Vol. 56/No. RR-4;
 - (l) Prevention of Hepatitis A Through Active or Passive Immunization: MMWR, May 29, 2006/Vol. 55/No. RR-7;
 - (m) Licensure of a 13-Valent Pneumococcal Conjugate Vaccine (PCV13) and Recommendations for Use Among Children—Advisory Committee on Immunization Practices, (ACIP), 2010: MMWR March 12, 2010/Vol. 59/No. 09; and
 - (n) Prevention and Control of Meningococcal Disease: Recommendations of the Advisory Committee on Immunization Practices (ACIP): March 22, 2013/62(RR02);1-22.

APPENDIX A – UTAH IMMUNIZATION STATUTES AND RULES

R396-100-4. Official Utah School Immunization Record (USIR).

- (1) Schools and early childhood programs shall use the official Utah School Immunization Record (USIR) form as the record of each student's immunizations. The Department shall provide copies of the USIR to schools, early childhood programs, physicians, and local health departments upon each of their requests.
- (2) Each school or early childhood program shall accept any immunization record provided by a licensed physician, registered nurse, or public health official as certification of immunization. It shall transfer this information to the USIR with the following information:
 - (a) name of the student;
 - (b) student's date of birth;
 - (c) vaccine administered; and
 - (d) the month, day, and year each dose of vaccine was administered.
- (3) Each school and early childhood program shall maintain a file of the USIR for each student in all grades and an exemption form for each student claiming an exemption.
 - (a) The school and early childhood programs shall maintain up-to-date records of the immunization status for all students in all grades such that it can quickly exclude all non-immunized students if an outbreak occurs.
 - (b) If a student withdraws, transfers, is promoted or otherwise leaves school, the school or early childhood program shall either:
 - (i) return the USIR and any exemption form to the parent of a student; or
 - (ii) transfer the USIR and any exemption form with the student's official school record to the new school or early childhood program.
- (4) A representative of the Department or the local health department may examine, audit, and verify immunization records maintained by any school or early childhood program.
- (5) Schools and early childhood programs may meet the record keeping requirements of this section by keeping its official school immunization records in the Utah Statewide Immunization Information System (USIIS).

R396-100-5. Exemptions.

A parent claiming an exemption to immunization for medical, religious or personal reasons, as allowed by Section 53A-11-302, shall provide to the student's school or early childhood program the required completed forms. The school or early childhood program shall attach the forms to the student's USIR.

R396-100-6. Reporting Requirements.

- (1) Each school and early childhood program shall report the following to the Department in the form or format prescribed by the Department:
 - (a) by November 30 of each year, a statistical report of the immunization status of students enrolled in a licensed day care center, Head Start program, and kindergartens;
 - (b) by November 30 of each year, a statistical report of the two-dose measles, mumps, and rubella immunization status of all kindergarten through twelfth grade students;
 - (c) by November 30 of each year, a statistical report of tetanus, diphtheria, pertussis, hepatitis B, varicella, and the two-dose measles, mumps, and rubella immunization status of all seventh grade students; and

APPENDIX A – UTAH IMMUNIZATION STATUTES AND RULES

- (d) by June 15 of each year, a statistical follow-up report of those students not appropriately immunized from the November 30 report in all public schools, kindergarten through twelfth grade.
- (2) The information that the Department requires in the reports shall be in accordance with the Centers for Disease Control and Prevention guidelines.

R396-100-7. Conditional Enrollment and Exclusion.

A school or early childhood program may conditionally enroll a student who is not appropriately immunized as required in this rule. To be conditionally enrolled, a student must have received at least one dose of each required vaccine and be on schedule for subsequent immunizations. If subsequent immunizations are one calendar month past due, the school or early childhood program must immediately exclude the student from the school or early childhood program.

- (1) A school or early childhood program with conditionally enrolled students shall routinely review every 30 days the immunization status of all conditionally enrolled students until each student has completed the subsequent doses and provided written documentation to the school or early childhood program.
- (2) Once the student has met the requirements of this rule, the school or early childhood program shall take the student off conditional status.

R396-100-8. Exclusions of Students Who Are Under Exemption and Conditionally Enrolled Status.

- (1) A local or state health department representative may exclude a student who has claimed an exemption to all vaccines or to one vaccine or who is conditionally enrolled from school attendance if there is good cause to believe that the student has a vaccine preventable disease, or
 - (a) has been exposed to a vaccine preventable disease; or
 - (b) will be exposed to a vaccine preventable disease as a result of school attendance.
- (2) An excluded student may not attend school until the local health officer is satisfied that a student is no longer at risk of contracting or transmitting a vaccine-preventable disease.

R396-100-9. Penalties.

Enforcement provisions and penalties for the violation or for the enforcement of public health rules, including this Immunization Rule for Students, are prescribed under Section 26-23-6. A violation is punishable as a class B misdemeanor on the first offense, a class A misdemeanor on the second offense or by civil penalty of up to \$5,000 for each violation.

KEY: Immunization, Rules and Procedures

Date of Last Substantive Amendment: December 2014

Notice of Continuation: June 28, 2013

Authorizing, and Implemented or Interpreted Law: 53A-11-303; 53A-11-306

APPENDIX B – FREQUENTLY ASKED QUESTIONS



ADMISSION/ENTRY

1. What records are required for school or early childhood program entry?

All children enrolled in a school or early childhood program, nursery school, or preschool **MUST** have an immunization record. Written proof is required to verify the student's immunizations. Immunization records of students must show:

- (1) information regarding each required vaccination that the student has received, including the date each vaccine was administered verified by a licensed healthcare provider, registered nurse, an authorized representative of a local health department, an authorized representative of the department, or a pharmacist;
- (2) information regarding each disease against which the student has been immunized by previously contracting the disease (healthcare provider document required if the student has immunity against the disease for any required vaccination that the student has not received because the student previously contracted the disease); and
- (3) a Utah vaccination exemption form identifying each required vaccination from which the student is exempt (for medical exemption, students must provide a completed vaccination exemption form **AND** a written statement signed by a licensed healthcare provider stating that, due to the physical condition of the student, administration of the vaccine would endanger the student's life or health).

2. How can a student be admitted/enrolled in a school or early childhood program conditionally?

A student who has not provided a school/early childhood program with a complete immunization record at the time of enrollment can attend the school or early childhood program on a conditional enrollment. Conditional enrollment is a period where the student's immunization record is under review by the school or for 21 calendar days after the day a school/early childhood program provides a written notice to a student's legally responsible individual, in-person or by mail. The notice describes the identified deficiencies or states that the school/early childhood program has not received an immunization record for the student and requests the required immunizations to be provided to school within the conditional enrollment period to avoid exclusion.

Students who do not comply at the end of the conditional enrollment period, must be excluded from attending the school/early childhood program until they provide proper documentation of immunization records to the school/early childhood program.

3. Are transfer students required to provide immunization documentation before being admitted into a new school?

Yes. Before entry, all children transferring from one Utah school to another or from schools outside Utah to a Utah school are required to provide the new school with the appropriate immunization information. Please exercise sound judgment when working with other schools to ensure immunization records are transferred in a timely manner.

APPENDIX B – FREQUENTLY ASKED QUESTIONS



ADMISSION/ENTRY

4. What about homeless students?

Homeless students are like any other student in your school. See the McKinney-Vento Homeless Assistance Act (re-authorized Dec. 2015):

- The school selected must immediately enroll even if unable to produce normally required records for enrollment or while obtaining school records from previous school. 42 U.S.C. § 11432(g)(3)(C)(i)
- Enrolling schools shall contact the school last attended by the student immediately to obtain relevant academic and other records. 42 U.S.C. § 11432(g)(3)(C)(ii)
- If a child or youth experiencing homelessness needs to obtain immunization or other required health records, the enrolling school will immediately refer the parent, guardian, or unaccompanied youth to the local liaison, who will assist in obtaining necessary immunizations or screenings, or immunization or other required health records. 42 U.S.C. § 11432(g)(3)(C)(iii)

Please work closely with your school district's liaison and use your best judgment to ensure these students receive the education they are entitled to and to receive immunizations they need to be protected from vaccine-preventable diseases. Collaboration will continue with the Utah State Office of Education to ensure school districts do not have weighted pupil units withheld for homeless students if there have been concerted efforts to obtain immunizations or immunization records for them. Many of these homeless students have no insurance, and are eligible to receive low- or no-cost immunizations through local health departments using vaccine provided by the Vaccines for Children (VFC) Program. For information on the Utah VFC Program call (801) 538-9450.

5. What is the school/early childhood program immunization record review process at enrollment?

Each school/early childhood program:

- (a) Must request an immunization record for each student at the time the student enrolls in the school/early childhood program.
- (b) Must retain an immunization record for each enrolled student as part of the student's permanent school record.

Within five business days after the day a student enrolls in a school/early childhood program, an individual designated by the school principal or administrator:

- (a) must determine whether the school has received an immunization record for the student;
- (b) must review each student's immunization record to determine whether the record complies with the required immunizations. The record must show the student: 1) has received each vaccination required by the Utah Department of Health under Section 53G-9-305; 2) has immunity against the disease as documented by a healthcare provider for any required vaccination that the student has not received because the student previously contracted the disease; 3) is exempt from receiving the vaccination under Section 53G-9-303; 4) qualifies for conditional enrollment under Section 53G-9-308; or 5) complies with the immunization requirements for military children under Section 53E-3-905.
- (c) Identify any deficiencies in the student's/child's immunization record.
- (d) Place the student/child lacking immunization records or having deficiencies in their immunization records on conditional enrollment.

Within five days after the day the school/early childhood program places the student on conditional enrollment, provide the written notice to the child legally responsible individual via mail or in person.

Students/children can attend school/early childhood program during the conditional enrollment period (21 calendar day). A school/early childhood program from which a student transfers must provide the student's immunization record to the student's/child's new school/early childhood program upon request of the student's/child's legally responsible individual.

APPENDIX B – FREQUENTLY ASKED QUESTIONS

6. What is conditional enrollment and what is the conditional enrollment process?

A student who has not provided a school with a complete immunization record at the time of enrollment can attend school/early childhood program on a conditional enrollment status. Conditional enrollment is a period where the student's immunization record is under review by the school or for 21 calendar days after the day a school/early childhood program provides a written notice to a student's legally responsible individual, in-person or by mail. The notice describes the identified deficiencies or states that the school/early childhood program has not received an immunization record for the student and requests the required immunizations to be provided to school/early childhood program within the conditional enrollment period to avoid exclusion.

Students who do not comply at the end of the conditional enrollment period must be excluded from attending the school/early childhood program until they provide proper documentation of immunization records to school/early childhood program.

During the conditional enrollment the student's/child's legally responsible individual must get the student/child vaccinated, show a record of past vaccination, show a healthcare provider statement as proof of immunity if the child has history of disease for any of the required vaccines, or exempt the student/child for the missing vaccine. Students/children can attend school/early childhood program during the conditional enrollment period.

Conditional enrollment process:

- Starting the day of enrollment, the school/early childhood program has up to five business days to review the immunization record.
- After the above review, if deficiencies in the immunization record exist, the school/early childhood program has five additional days to provide **written notice** to the student's/child's legally responsible individual in person or by mail which:
 - identifies, and requests the required immunizations.
 - provides a written 21-calendar day notice for the immunization records to be provided to avoid exclusion.
- Students who do not comply at the end of the conditional enrollment period must be excluded from attending the school/early childhood program until they provide proper documentation of immunization records to school/early childhood program.

7. Can schools/early childhood programs extend the conditional enrollment period?

Yes, At the end of the conditional enrollment period, a school principal or administrator may grant an additional extension of the conditional enrollment, if:

- (1) the extension is medically necessary to complete all required vaccination doses; and
- (2) the school principal or administrator and a school nurse, a health official, or a health official designee agree that an additional extension will likely lead to compliance with school immunization record requirements during the additional extension period.

APPENDIX B – FREQUENTLY ASKED QUESTIONS

8. What is the process for claiming an exemption from the required vaccines?

Students/children claiming an exemption from the required vaccinations must have their legally responsible individual complete an on-line educational module (free of charge), or in-person consultation (fee of up to \$25) at a local health department, AND provide a copy of the completed form to the school/early childhood program official. *Completion of the online educational module or in-person consultation at a local health department must be completed for all types of exemptions.*

- Utah allows for three types of exemptions: medical, personal, or religious.
- The legally responsible individual who claims the exemption for the student/child must complete the online education module, free of charge at www.immunize-utah.org AND present a copy of the vaccination exemption form to the school/early childhood program.
- If the legally responsible individual who claims the exemption for the student/child declines to take the online education module, he/she can obtain a vaccination exemption form from a local health department and receive an in-person consultation. There is a fee of up to \$25 to cover the costs of providing an in-person consultation.
- For a **medical exemption** from required immunizations, the student's/child's legally responsible individual must provide to the student's/child's school/early childhood program a completed Utah vaccination exemption form **AND** a written statement signed by a licensed healthcare provider stating that, due to the physical condition of the student/child, administration of the vaccine would endanger the student's/child's life or health.
- For **personal/religious** exemption from the required vaccinations, the student's/child's legally responsible individual must provide to the student's/child's school/early childhood program a completed Utah vaccination exemption form, stating that the student/child is exempt from vaccination because of a personal or religious belief.
- A copy of the vaccination exemption form must be attached to the Utah School Immunization Record (USIR) and filed in the student's cumulative folder. A written statement from a licensed healthcare provider must also be attached to the USIR if a medical exemption is claimed.

9. When should students/children renew their exemption forms?

When the student is eligible to enroll in kindergarten or the student turns six years old. Also when the student enrolls in 7th grade or the student turns 12 years old.

- Utah vaccination exemption forms provided to a preschool or early childhood program do not need to be renewed as long as the child is in preschool or any early childhood program - even if the child changes preschools or early childhood programs. However, if a child changes schools and is old enough to enroll in kindergarten or the child turns six years old, the child must renew his/her vaccination exemption form. In other words - children must renew their vaccination exemption forms for kindergarten entry.
- Once an exemption form is received at any point from grade 7 on, the form is valid until the student graduates from high school - even if the student changes schools. No need for exemption renewal.
- Exemption forms obtained through the completion of the online education module are valid for no less than two years. For example, if a student obtains an exemption form in 6th grade, that student does not need to renew his/her exemption form for 7th grade entry.

10. Some parents or schools have the signed outdated Utah School Immunization Record card for history of chickenpox disease for their students. Since the Utah School Immunization Record card was signed by these parents prior to July 1, 2018, can school/child care facilities accept them as proof of immunity now that the Rule has changed?

Yes. Schools/child care facilities can accept the old signed Utah School Immunization Record cards as proof of immunity for chickenpox disease only.

APPENDIX B – FREQUENTLY ASKED QUESTIONS

11. What if a student/child has previously been diagnosed by a physician with a vaccine-preventable disease?

If the student/child has immunity against the disease for which the vaccination is required, because the student has previously contracted the disease, a letter from a healthcare provider must be provided to the school/early childhood program verifying the diagnosis. Schools/early childhood programs must attach the immunity document from the healthcare provider to the Utah School Immunization Record.

12. Are schools/early childhood programs required to maintain a current list of all students' immunization status?

Yes. Each school/early childhood program must maintain a current list of all enrolled students, including:

- List of students the school has received a valid and complete immunization record;
- List of students who are exempt from receiving a required vaccine;
- List of students who are allowed to attend school/early childhood program under conditional enrollment status; and
- List that specifically identifies each disease against which a student is not immunized.

Upon the request of an official from a local health department in the event of a disease outbreak, a school principal or administrator must:

- (a) notify the legally responsible of any student who is not immune to the outbreak disease, providing information regarding steps the legally responsible individual may take to protect students;
- (b) identify each student who is not immune to the outbreak disease; and
- (c) for a period determined by the local health department not to exceed the duration of the disease outbreak, do one of the following at the discretion of the school principal or administrator after obtaining approval from the local health department:
 - (i) provide a separate educational environment for non-immune students, that ensures the protection of the non immune students as well as the protection of the remainder of the student body; or
 - (ii) prevent each student who is not immune to the outbreak disease from attending school.

A name appearing on the list of all the enrolled students is subject to confidentiality requirements described in Section 26-1-17.5 and Section 53E-9-202.

13. What is the definition of legally responsible individual?

Legally responsible individual is defined as a parent or parents, a legal guardian, or adult sibling of a student/child who has no legal guardian.

14. Can schools accept the signed Utah immunization exemption forms that were used prior to July 1, 2018?

Schools can accept them but if the student is going to kindergarten or 7th grade and still wants to be exempt from the required immunizations, the legally responsible individual of the student must complete the on-line immunization educational module (free of charge), or in-person consultation (fee of up to \$25) at a local health department,. For medical exemption from required immunizations, in addition to the completed vaccination exemption form, they must also provide a written notice signed by a licensed healthcare provider stating that due to the physical condition of the student, administration of the vaccine would endanger the student's life or health. The statement should also indicate whether the exemption is temporary (indicate the expiration date) or permanent.

APPENDIX B – FREQUENTLY ASKED QUESTIONS



EXEMPTIONS

1. Are there any allowable exemptions?

Yes. The Utah Immunization Rule for Students allows an exemption to be claimed for medical, religious, or personal reasons. Exemptions are allowable for enrollment use in early childhood programs or public, private, charter, and parochial schools for kindergarten through twelfth grade.

2. Are exempted children to be excluded from school in the event of an outbreak?

Yes. In the event of an outbreak, children who are conditionally enrolled, extended conditionally enrolled, out of compliance, or those who have claimed an exemption and have not received the immunization for which there is an outbreak should be encouraged to complete immunizations or should be excluded from school/early childhood program.



IMMUNIZATION RECORD REVIEW AND REPORTING

1. Can a school or early childhood program maintain immunization records in a computer database ONLY?

No. According to the Utah Immunization Rule for Students (R396-100-4), the Utah School Immunization Record (USIR), is the official school immunization record for all students who are enrolled in any early childhood program, public, private, charter, or parochial school. This USIR card should be used to verify a student's immunization status. The Utah Statewide Immunization Information System (USIIS) provides a way for schools and other facilities to have access to immunization records statewide and to track and record immunizations. A school or early childhood program may enroll to use USIIS and print out the USIR for the student's file from USIIS. Unless a school or early childhood program enrolls and uses USIIS, a USIR card shall be completed and placed in the student's cumulative file. If a school has a database, it may be used to track student follow-up and may generate reports—if it is done correctly. However, a USIR card must be in each student's cumulative file as a backup. A print out from the database is not acceptable. For questions about USIIS or to enroll your school or program in USIIS, contact the Utah Immunization Program at (801) 538-9450.

2. Where can I get USIR cards?

You can now print the USIR card from our the Utah Immunization Program website. The Utah Immunization Program will supply the USIR free of charge to all early childhood programs upon request. You may place an order at www.immunize-utah.org.

3. What about the USIR card filling?

Schools must use the most current version of the USIR card (07/2018) for students entering kindergarten, 7th grade and students transferring from another state. If an existing student has an older version of the USIR and the student is required to have a vaccine that is not on the USIR on file, schools must use the most current USIR (07/2018) and transfer all the old information onto the most current version of USIR or staple the new USIR to the old one.

APPENDIX B – FREQUENTLY ASKED QUESTIONS

Schools must also attach the following information to the current USIR form: immunity verification statement, Utah vaccination exemption form, or previous USIR card that has parent signature for chickenpox verification.

4. A child received vaccinations in another country. Can those records be accepted?

They can be accepted IF the same dosing schedule that is used in the U.S. was used. Often, foreign countries use a different schedule than in the U.S. The Utah Immunization Rule is based on the schedule that is used in the U.S.

5. Is a school-age student attending an early childhood program required to have an immunization record on file at that facility?

Yes. A current immunization record must be maintained on EVERY child attending an early childhood program.

6. Are schools required to maintain immunization records for preschool children?

Yes. Preschool children attending a public or private school must have an immunization record on file with the school.

7. A parent is adamant that his/her child has been vaccinated, but cannot provide written documentation. Can the child be admitted into school or an early childhood program?

Yes, the child can be “conditionally enrolled” and the facility has the responsibility to follow the requirements for conditionally enrolling the children.

8. A parent has a partial record and/or statement signed by a physician stating, “All doses received,” “Complete,” “Up To Date,” “Primary series complete,” or other similar statements. Can this be accepted as proof of immunization?

No. Statements regarding immunizations that do not contain complete dates for all doses received are NOT adequate for attendance. The parent should contact their healthcare provider and request a new record documenting all vaccinations and dates administered.

9. What is the four-day grace period?

The four-day grace period was implemented in the 2002 General Recommendations from the U.S. Advisory Committee on Immunization Practices. The four-day grace period should be used for auditing purposes only. It allows the record reviewer to give a four-day grace period if a dose of any vaccine was given too early. Four days is the limit. It should not be used to schedule succeeding doses of vaccine. It should be used with discretion and with the understanding it is for auditing purposes only. *The four-day “grace period” should not be applied to the 28-day interval between live vaccines not administered at the same visit.*

10. We occasionally encounter teen-agers who received 4 doses of IPV before their fourth birthday. Should we recommend a 5th dose of IPV for these children?

Generally, no. ACIP revised its recommendation for IPV in June 2009 to include a dose at 4 through 6 years regardless of the number of doses prior to age 4 years. However, ACIP did not recommend retroactive application of the new minimum age rule for the fourth dose. For children receiving their fourth dose prior to August 7, 2009, four doses separated by at least 4 weeks is sufficient, unless the teenager is traveling to a polio-endemic area (Reference: http://www.immunize.org/askexperts/experts_pol.asp).

APPENDIX B – FREQUENTLY ASKED QUESTIONS

11. Should special education students be included in annual immunization reports?

Students in special education programs should follow requirements for the grade they are in. If these students are not associated with a specific grade, they should follow the requirements for students who are about the same age.

Students over 18 years of age in a special education program who have not completed high school should follow the immunization requirements for students who are about the same age. All these students must be included in the annual immunization reports.

Schools should not include post high school students enrolled in special programs in the annual immunization reports.

12. The immunization record shows that some vaccines were given at intervals longer than those recommended. Do these vaccines need to be repeated?

No. All doses given at intervals *longer* than recommended are valid doses. A longer interval does not affect the effectiveness of a vaccine.

13. How does Utah determine the required immunization schedule?

Utah's Immunization Rule for Students is based upon the "Recommended Childhood Immunization Schedule" published by the Centers for Disease Control and Prevention (CDC). This schedule is developed from the recommendations of the National Advisory Committee on Immunization Practices (ACIP). The ACIP includes representatives from both the public health and the private medical sectors, including the American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP). To establish Utah's requirements, the Utah Scientific Vaccine Advisory Committee evaluates the ACIP recommendations and determines their appropriateness/feasibility to Utah's unique situations and makes recommendations to the Utah Department of Health as to which immunizations should be required for school entry.

14. Why must vaccines be repeated if received before the minimum age or interval?

Children who receive vaccines before the minimum age or interval may not develop an adequate antibody response to the immunization. Therefore, even though a child physically received a "shot," it may have been ineffective in protecting the child against disease. By consistently maintaining the minimum age and interval requirement for all vaccines, children are more likely to develop adequate immunity. Refer to the minimum age and interval chart on page 28.

15. If a dose of DTaP or Tdap is inadvertently given to a child/student for whom the product is not indicated (e.g., wrong age group), how do we rectify the situation?

- Tdap given to a child younger than age seven years as either dose 1, 2, or 3, is NOT valid. Repeat with DTaP as soon as feasible.
- Tdap given to a child younger than age seven years as either dose 4 or 5 can be counted as valid for DTaP dose 4 or 5.
- If DTaP is administered inadvertently to a fully vaccinated* child aged 7–10 years, this dose should be counted as the adolescent Tdap dose. If DTaP is administered inadvertently to an undervaccinated child aged 7–10 years, this dose should count as the Tdap dose of the catch-up series and the child should receive an adolescent booster dose of Tdap. If DTaP is administered inadvertently to a person aged ≥11 years, this dose should count as the Tdap dose, and the person should not receive an additional dose of Tdap. Reference: MMWR / April 27, 2018/ Vol. 67 / No.2 <https://www.cdc.gov/mmwr/volumes/67/rr/pdfs/rr6702a1-H.pdf>.
- Children aged 7–10 years who are fully vaccinated*: If Tdap is administered inadvertently, the Tdap dose should not be counted as valid. The adolescent Tdap dose should be administered as recommended when this child is aged 11–12 years.

*Fully vaccinated is defined as having received 5 valid doses of DTaP or 4 valid doses of DTaP if the fourth dose was administered on or after the fourth birthday.

APPENDIX B – FREQUENTLY ASKED QUESTIONS



COMPLIANCE ISSUES

1. What criteria are used to determine whether a student is in compliance with Utah's immunization requirements?

To determine if a student meets the requirements of the Utah Immunization Rule for Students, the following must be considered:

- (a) the student's age;
- (b) whether the student is in a school or early childhood program (requirements may differ depending on which facility the student is attending; i.e., Hib is not required for entry into kindergarten).
- (c) whether the student's immunization history indicates:
 - (i) verification by a a liscenced healthcare provider, registered nurse, an authorized representattive of a local health department, an authorized representative of the department, or a pharmacist.
 - (ii) month, day, and year each vaccine was administered.
 - (iii) sufficient spacing intervals between doses.
- (d) whether the student has claimed an exemption and submitted a copy to the school or early childhood program.
- (e) if the child has immunity from any required vaccines and submitted a statement from a licensed healthcare provider.

It is difficult to describe all possible situations that a school or early childhood program might encounter in its efforts to maintain compliance with the regulations and limit the spread of vaccine-preventable diseases. If you have specific questions that cannot be answered by this guidebook, please call the Utah Immunization Program for consultation.

2. Who is responsible for proper immunization compliance?

Legally Responsible Individual of the student/child:

- (a) is responsible for obtaining all age-appropriate immunizations for their children and providing valid immunization records to the school or early childhood program.

Principal/Early Childhood Program Official:

- (a) has the ultimate responsibility to ensure students attending school or early childhood programs are in compliance with Utah's immunization requirements; this includes assuring valid immunization records are complete and on file at the school or early childhood program and that follow-up for additional information (records or doses) is accomplished when necessary.
- (b) shall exclude students who are out-of-compliance after notifying the parent or guardian that the student is out-of-compliance and will be excluded from school.
- (c) is responsible to ensure the annual immunization reports are submitted to the Utah Department of Health. See Section 5 starting on page 56 for information regarding annual reports.

3. Can a school scan the Utah School Immunization Record (USIR) if it only uses electronic student cumulative folder/school permanent record file?

Yes, maintaining an electronic/scanned copy of the USIR and student exemption form as part of the student's permanent cumulative record meets the Utah Statutory Code. This eliminates the need for a hard copy record to be kept on file because everything is electronic. When a district uses electronic student cumulative folder all the following criteria must be met:

- USIR and exemption forms must be checked for accuracy and be signed by school personnel before scanning into the file;
- The electronic copy of the USIR or student exemption follows the student through his or her school career and must be sent to any transfer school upon the request of the student's legally responsible individual (53G-9-306);
- The electronic copy of the USIR or student exemption shall be made available to the Utah Department of Health (UDOH) or local health departments as required for audit and to verify immunization records/exemptions if an outbreak occurs for excluding all non-immunized students or exempt students; and
- School district shall require each school to maintain a list of any student on conditional enrollment for follow-up and a list of students in the school that have an immunization exemption.

APPENDIX B – FREQUENTLY ASKED QUESTIONS



RESOURCES

1. Where can I find more information about immunizations?

Contact the Utah Immunization Program or visit our website at www.immunize-utah.org. This guidebook is available on the website. Please visit the website periodically to learn more about the latest on immunization issues.

Utah Immunization Program

Phone: (801) 538-9450 or Fax (801)538-9440 Immunization Hotline: 1-800-275-0659

Address:

Utah Immunization Program

288 North 1460 West

P.O. Box 142012

Salt Lake City, Utah 84114-2012

2. What other sources of information are available on the internet?

There are many sources for great information on the internet. See the following list for some examples.

American Academy of Pediatrics (AAP) – Policy statements, student, community information, “Red Book” order information. www.aap.org

Bill & Melinda Gates Children’s Vaccine Program – A non-profit organization which focuses on children in developing countries, but information is also applicable in the United States.

www.gatesfoundation.org

Centers for Disease Control and Prevention (CDC) – Several websites and phone numbers with timely and accurate information for students, parents, the community, and school nurses.

CDC Home Page – www.cdc.gov

In the News (announcements, hot topics, etc.)

Health information

Publications, software, and products

Electronic Emerging Infectious Disease Journal

CDC Prevention Guidelines

Advisory Committee on Immunization Practices (ACIP) - vaccine recommendations, access to individual state immunization program home pages

International Travel – online health information and recommended immunizations by geographic areas; the latest news on international disease outbreaks. The most recent “Health Information for International Travel” (the Yellow Book). www.cdc.gov/travel

APPENDIX B – FREQUENTLY ASKED QUESTIONS

National Center for Immunization and Respiratory Diseases (NCIRD) (Formerly the National Immunization Program) – Upcoming events, announcements, publications, including *Epidemiology and Prevention of Vaccine-Preventable Diseases*” (the Pink Book), Vaccine Information Statements (VIS), Clinic Assessment Software Application (CASA), Vaccine Safety Information.

www.cdc.gov/vaccines

Hepatitis Branch – www.cdc.gov/hepatitis

Spanish Language – www.cdc.gov/spanish

Morbidity and Mortality Weekly Report (MMWR) – Free subscription via email. www.cdc.gov/mmwr

Children’s Hospital of Philadelphia (CHOP) – Vaccine Education Center; great resources for families and professionals www.vaccine.chop.edu

Immunization Action Coalition (IAC) – Dependable source on a variety of immunization issues

Home Page – www.immunize.org

General Resources – www.immunize.org/resources

IAC Express – Free email news services express@immunize.org

Vaccine Information Statements (VIS) – English and many other languages

www.immunize.org/vis

National Alliance for Hispanic Health – Immunizations for All Ages Programs; a great Hispanic immunization resource for schedules, news briefs, videos. www.hispanichealth.org or call 202-387-5000.

The Food and Drug Administration (FDA) – Vaccine Adverse Events Reporting System (VAERS) This site explains this safety system and provides vaccine information. www.vaers.hhs.gov

FDA Information – 1-888-FDA-INFO (1-888-463-6332)

The National Network for Immunization Information – www.immunizationinfo.org

The Vaccine Page – www.vaccines.org

Toll Free Numbers

CDC Immunization Information – 1-800-CDC-INFO (1-800-232-4636)

FDA Information – 1-888-FDA-INFO (1-888-463-6332)

APPENDIX C – COMMUNICATION WITH PARENTS



The following pages are sample letters that may be used to notify parents of immunization requirements. These letters may be modified by adding local letterhead, clinic hours, phone numbers, etc.

- (1) Early Childhood Program Immunization Requirements**
- (2) English “Exclusion Notice” for Inadequate Immunizations**
- (3) Spanish “Exclusion Notice” for Inadequate Immunizations**
- (4) English “21-Day Conditional Enrollment Notice”**
- (5) Spanish “21-Day Conditional Enrollment Notice”**



Early Childhood Program Immunization Requirements

Date:

Dear Parent/Guardian:

Utah law requires children attending this Early Childhood Program or facility be appropriately immunized for their age against the following vaccine-preventable diseases:

Diphtheria	Measles
Pertussis	Mumps
Tetanus	Rubella
Polio	Haemophilus influenzae type b (Hib)
Hepatitis A	Pneumococcal
Hepatitis B	Varicella (Chickenpox)

It is your responsibility to have your child immunized and to provide this facility with a medically verified, date- and dose-specific immunization record for all required immunizations he/she has received. This is required for admission to this facility.

Factors regarding when your child gets which doses of vaccine include:

- current age of child;
- when he/she began the immunization series; and
- grade, if he/she attends school.

For specific information on which immunizations your child should receive, please consult with your child's healthcare provider.

Sincerely,



Exclusion Notice For Inadequate Immunizations

Date:

Dear Parent/Guardian:

A recent review of immunization records shows that your child, (NAME), is currently not in compliance with Utah's School Immunization Law for Students (53G-9-302). Therefore, under Utah Statutory Code 53G-9-308, your child will be excluded from attending school on mm/dd/yyyy. We regret that we have taken this action but state law requires that children must be appropriately immunized in order to attend a Utah school or early childhood program. Our facility supports this policy. Please obtain complete dates for the indicated immunizations and provide a record to us. If your child is not immunized due to medical, religious, or personal reasons, you are required to provide us the appropriate exemption form. If your child has immunity against the disease for which the vaccination is required because your child previously contracted the disease, you need to provide us a document from a healthcare provider verifying that. Your child can not attend school until we have this information.

Vaccine	Dose in Question (circle dose number)	Reason (see codes to right)
DTaP/DT/Td*	1 2 3 4 5	
Tdap*	1	
Polio	1 2 3 4	
MMR (Measles, Mumps, Rubella)	1 2	
Hepatitis B	1 2 3	
Haemophilus influenzae type b (Hib)	1 2 3 4	
Varicella (Chickenpox)	1 2	
Hepatitis A	1 2	
Pneumococcal (PCV)	1 2 3 4 5	
Meningococcal Conjugate	1	

A. Dates or doses are missing or incomplete.

B. Previous dose(s) was/were given too close together.

C. Previous dose(s) was/were given at too young an age.

*D = Diphtheria

*T = Tetanus

*P = Pertussis

If you have questions or need additional information, please call (TELEPHONE NUMBER).

Sincerely,

Name

Title



Notificación de Exclusión por Inmunizaciones Inadecuadas

(DATE)

Estimados Padres/Guardianes:

Una revisión reciente de los registros de vacunación muestra que su hijo, (NAME), actualmente no cumple con la Ley de Inmunización Escolar para Estudiantes del estado de Utah (53G-9-302). Por lo tanto, bajo el Código Estatutario de Utah 53G-9-308, su hijo no podrá seguir asistiendo a la escuela a partir de (mm/dd/yyyy). Lamentamos tener que haber tomado esta medida, pero la Ley Estatal exige que los niños y niñas tengan las vacunas adecuadas para poder asistir a una escuela o un programa para la primera infancia en el estado de Utah. Nuestra institución apoya esta política. Por favor obtenga las fechas completas para las vacunas indicadas y provéanos con un registro. Si su hijo/a no está vacunado por razones médicas, religiosas o personales, tiene que proveernos del formulario de exención correspondiente. Si su hijo/a tiene inmunidad contra la enfermedad para la cual se requiere la vacuna debido a que su hijo/a contrajo previamente dicha enfermedad, tiene que proveernos un documento de un proveedor de atención médica que así lo verifique. Su hijo/a no puede asistir a la escuela hasta que tengamos esta información.

LAS CAJETILLAS MARCADAS ABAJO INDICAN LAS DOSIS QUE SE REQUIEREN PARA EL REGISTRO DE SU NIÑO/A.

Vacuna	Dosis faltante (haga un círculo alrededor del número de la dosis faltante)					Razón (vea códigos en columna derecha)
DTaP/DT/Td *	1	2	3	4	5	
TDap (Refuerzo)*			1			
Polio	1	2	3	4		
MMR (Sarampión, Paperas, Rubeola)		1		2		
Hepatitis B	1	2	3			
Haemophilus Influenzae Tipo b (Hib)	1	2	3	4		
Varicela		1	2			
Hepatitis A		1	2			
Pneumocócica (PCV)	1	2	3	4	5	
Meningocócica			1			

A. Las fechas y dosis faltan o están incompletas.

B. Las dosis previas fueron hechas con muy poco tiempo de por medio.

C. Las dosis previas fueron hechas a una edad demasiado temprana.

*D = Difteria

*T = Tétano

*P = Pertussis

Si tiene preguntas o requiere información adicional, sírvase llamar (TELEPHONE NUMBER).

Sinceramente,

Name

Title



21-Day Conditional Enrollment Notice

Date:

To the legally responsible individual of _____.

The purpose of this letter is to inform you that in review of your student/child immunization record we have noticed that we did not receive all or some of the required immunization records for school/early childhood program entry. This information is required by the Utah Statutory Code 53G-9-302. Therefore, we have placed your student/child on a conditional enrollment status in accordance with Utah Statutory Code 53G-9-308. This means that you have 21 calendar days to bring proof of immunizations, an exemption form, or proof of immunity from diseases that vaccines are required for to the school/early childhood program your student/child attends. Please provide this information to us by _____. Your student/child **is** allowed to attend school/early childhood program during the **21-day** calendar day conditional enrollment period.

Your child is missing the following immunization (s):

- ☐ DTaP (D=Diphtheria, Tetanus, and Pertussis)
- ☐ Tdap
- ☐ Polio
- ☐ MMR (Measles, Mumps, Rubella)
- ☐ Hepatitis A
- ☐ Hepatitis B
- ☐ Haemophilus influenzae type b (Hib)
- ☐ Varicella (chickenpox)
- ☐ Pneumococcal
- ☐ Meningococcal Conjugate
- ☐ No immunization record

Possible places to take your child to receive the missing required immunization (s): his/her healthcare provider, your local health department immunization clinic, or your local pharmacy.

If you want to obtain a vaccination exemption form, you must either complete the on-line Utah exemption module at www.immunize-utah.org and print the vaccination exemption form after completion, or visit your local health department to obtain an exemption form for your child. You may have to pay a fee, if you choose to complete the exemption form in person from a local health department. A copy of the exemption form must be presented to the school/early childhood program. For a medical exemption from vaccination, you must present to the school a completed vaccination exemption form **and** a written notice signed by a licensed healthcare provider stating that due to the physical condition of the student, administration of the vaccine would endanger the student's life or health.

If your child has immunity against the disease for which the vaccination is required because your child previously contracted the disease, you need to provide the school/daycare a document from a healthcare provider verifying that.

If we don't receive the above information from you by the date indicated previously, we will be forced to exclude your child from attendance in school/early childhood program under the Utah Statutory Code 53G-9-308.

If you have any questions or concerns, please contact us at (TELEPHONE NUMBER).

Sincerely,

Name

Title (Principal/director/Nurse/secretary designated by the school or early childhood program Principal/director)



Aviso de Matriculación Condicional de 21 Días

Fecha:

Para el individuo legalmente responsable de _____,
El propósito de esta carta es para informarle que al revisar el registro de inmunizaciones de su estudiante/niño hemos notado que no recibimos algunos o todos los registros de inmunización requeridos para que su estudiante/niño pueda ingresar a la escuela/guardería. Esta información es requerida por el Código Estatutario del estado de Utah 53G-9-302. Por lo tanto, hemos colocado a su estudiante/niño en un estado de matriculación condicional de acuerdo con el Código Estatutario 53G-9-308 del estado de Utah. Esto significa que tiene 21 días calendarios para presentar prueba de inmunización, un formulario de exención o prueba de inmunidad contra las enfermedades que son requeridas para que su hijo/a pueda asistir a la escuela/guardería. Por favor proporcione esta información no más tardar del _____. Su estudiante/niño puede asistir a la escuela/guardería durante el período de 21 días calendarios de matriculación.

A su hijo le faltan las siguientes inmunizaciones:

- ☐ DTaP (D=Difteria, Tetano y Pertusis)
- ☐ Tdap
- ☐ Polio
- ☐ MMR (Sarampión, Paperas, Rubeola)
- ☐ Hepatitis A
- ☐ Hepatitis B
- ☐ Haemophilus influenzae tipo b (Hib)
- ☐ Varicela
- ☐ Pneumococcal
- ☐ Meningococcal Conjugate
- ☐ No tiene registro de inmunizaciones

Lugares a donde puede llevar a su hijo para que reciba las inmunizaciones requeridas faltantes: su proveedor de atención médica, su clínica de inmunización del departamento de salud local o su farmacia local.

Si desea obtener un formulario de exención de vacunación, debe completar el módulo de exención en la página web www.immunize-utah.org e imprimir el formulario de exención de vacunación después de completarlo el modulo, o visitar su departamento de salud local para obtener un formulario de exención para tu niño. Es posible que tenga que pagar una tarifa si elige completar el formulario de exención en persona en un departamento de salud local. Deberá presentar una copia del formulario de exención a la escuela/guardería. Para una exención médica de vacunación, deberá presentar a la escuela un formulario de exención de vacunación completado y una notificación firmada por un proveedor de servicios de salud con licencia que indique que debido a la condición física del estudiante, la administración de la vacuna puede representar un riesgo para la vida o salud del estudiante.

Si su hijo tiene inmunidad contra la enfermedad para la cual se requiere la vacuna debido a que su hijo contrajo previamente la enfermedad, debe proporcionar a la escuela/guardería un documento emitido por su proveedor de atención médica que así lo certifique.

Si no recibimos la información solicitada en la fecha indicada anteriormente, nos veremos obligados a excluir a su hijo de asistir a la escuela o guardería de acuerdo con el Código Estatutario del estado de Utah 53G-9-308. Si tiene alguna pregunta o inquietud, contáctenos al (NÚMERO DE TELÉFONO).

Sinceramente,

Nombre

Cargo (Director/enfermera/secretaria designada por el director de la escuela o guardería)

APPENDIX D – COMMON VACCINE NAMES



The following table is provided as a reference for school and early childhood program personnel, as well as health care professionals who evaluate immunization records. To lessen any confusion, **providers documenting current vaccines should use generic names** (i.e., DTaP, MMR, Hepatitis B) instead of brand names.

Not every vaccine in this table is required for entry in a Utah school or early childhood program. To verify whether a vaccine is required, see pages 12-14 for the summary of requirements.

Some vaccines listed are not currently in use, but were used in the past. These vaccines are included to assist in evaluating immunization records for compliance.

This list does not include vaccine brands available in other countries. For a complete list of U.S. and Foreign Vaccines, reference the “Epidemiology and Prevention of Vaccine-Preventable Diseases” (Pink Book).

APPENDIX D – COMMON VACCINE NAMES

Vaccine/Combination Vaccine (by Generic Name or Trade Name)	Vaccine Components
ACEL-IMUNE®	Diphtheria/Tetanus/acellular Pertussis
ActHIB®	Haemophilus influenzae type b
Adacel®	Tetanus/Diphtheria/acellular Pertussis
BOOSTRIX®	Tetanus/Diphtheria/acellular Pertussis
COMVAX®	Hepatitis B/Haemophilus influenzae type b
DT	Diphtheria/Tetanus
DTaP	Diphtheria/Tetanus/acellular Pertussis
DTP	Diphtheria/Tetanus/whole cell Pertussis
DAPTACEL®	Diphtheria/Tetanus/acellular Pertussis
Engerix-B®	Hepatitis B
GARDASIL®	Human Papillomavirus
HAVRIX®	Hepatitis A
HibTITER®	Haemophilus influenzae type b
HPV	Human Papillomavirus
INFANRIX®	Diphtheria/Tetanus/acellular Pertussis
IPV / IPOL®	Polio (Inactivated Polio Vaccine)
KINRIX®	Diphtheria/Tetanus/acellular Pertussis, Inactivated Polio Vaccine
Menactra®	Meningococcal Conjugate Vaccine (also called MCV4)
Menomune®	Meningococcal Polysaccharide Vaccine (also called MPSV)
MR	Measles/Rubella
MMR	Measles/Mumps/Rubella
M-M-R II®	Measles/Mumps/Rubella
OPV / ORIMUNE®	Polio (Oral Polio Vaccine)
PEDIARIX™	Diphtheria/Tetanus/acellular Pertussis, Hepatitis B, Inactivated Polio
PedvaxHIB®	Haemophilus influenzae type b
Pentacel®	Diphtheria/Tetanus/acellular Pertussis, Inactivated Polio, Haemophilus influenzae type b
Pneumovax®	Pneumococcal Conjugate Vaccine (also called PPV23)
Prevnar®	Pneumococcal Conjugate Vaccine (also called PCV7)
ProHIBIT™	Haemophilus influenzae type b (only for children ≥18 months of age)
ProQuad®	Measles, Mumps, Rubella, Varicella
RECOMBIVAX HB®	Hepatitis B
RotaTeq®	Rotavirus
ROTARIX®	Rotavirus
Td	Tetanus/ Diphtheria (for ≥7 years of age)
TETRAMUNE®	Diphtheria/Tetanus/whole cell Pertussis/Haemophilus influenzae type b
TriHIBIT®	Diphtheria/Tetanus/acellular Pertussis/Haemophilus influenzae type b
Tripedia®	Diphtheria/Tetanus/acellular Pertussis
TWINRIX®	Hepatitis A/Hepatitis B
VAQTA®	Hepatitis A
VARIVAX®	Varicella (Chickenpox)

APPENDIX E – SAMPLE UTAH IMMUNIZATION PROGRAM FORMS



SAMPLE FORMS

The following pages are sample forms which the Utah Immunization Program provides.

(1) Sample Exemption Form

(2) Sample Utah School Immunization Record (USIR) card.

APPENDIX E – UTAH IMMUNIZATION PROGRAM SAMPLE FORMS

Below is a sample of the vaccination exemption form after completion of the online education module. This vaccination exemption form is also provided to parents who receive an in-person consultation at a local department.

ACKNOWLEDGMENT OF COMPLETION VACCINATION EDUCATION

_____ HAS COMPLETED THE VACCINATION EDUCATION

STUDENT NAME _____

SCHOOL _____

DATE OF BIRTH _____ **DATE COMPLETED** _____

Select an Exemption Reason:

- ☐ Personal
- ☐ Medical
- ☐ Religious

Exemptions:

- ☐ DTaP
- ☐ Polio

- ☐ Hib
- ☐ Pneumococcal
- ☐ MMR
- ☐ Varicella
(chickenpox)

- ☐ Hep A
- ☐ Hep B
- ☐ Meningococcal



UTAH DEPARTMENT OF
HEALTH
Immunization Program

APPENDIX E – UTAH IMMUNIZATION PROGRAM SAMPLE FORMS

Below is a sample of the vaccination exemption form after completion of the online education module. This exemption form is no longer used but schools and early childhood programs must accept it from parents if a parent presents it to them. See the following page for the sample of the most current exemption form.

**CERTIFICATE OF
VACCINATION EDUCATION**

_____ HAS COMPLETED THE VACCINATION EDUCATION

STUDENT NAME _____ **DATE OF BIRTH** _____


SCHOOL _____ **DATE COMPLETED** _____

Select an Exemption Reason:

☐ Personal ☐ Medical ☐ Religious

Exemptions:

☐ DTaP ☐ Hib ☐ Hep A
☐ Tdap ☐ Pneumococcal ☐ Hep B
☐ Polio ☐ MMR ☐ Meningococcal
☐ Rotavirus ☐ Varicella (chickenpox)

 **UTAH DEPARTMENT OF
HEALTH**
Immunization Program

Below is a sample of the vaccination exemption form completed at a local health department. This exemption form is no longer used but schools and early childhood programs must accept it from parents if a parent presents it to them. See the following page for the most current form.

**CERTIFICATE OF
VACCINATION EDUCATION**

_____ HAS COMPLETED THE VACCINATION EDUCATION

STUDENT NAME _____ **DATE OF BIRTH** _____

SCHOOL _____ **DATE COMPLETED** _____


AUTHORIZED DOH SIGNATURE _____

Select an Exemption Reason:

☐ Personal ☐ Medical ☐ Religious

Exemptions:

☐ All ☐ Hib ☐ Hep A
☐ DTaP ☐ Pneumococcal ☐ Hep B
☐ Tdap ☐ MMR ☐ Meningococcal
☐ Polio ☐ Varicella (chickenpox) ☐ Rotavirus

 **UTAH DEPARTMENT OF
HEALTH**
Immunization Program

APPENDIX E – UTAH IMMUNIZATION PROGRAM SAMPLE FORMS



UTAH SCHOOL IMMUNIZATION RECORD

This record is part of the student's permanent school record (cumulative folder) as defined in Section 53G-9-306 of the Utah Statutory Code. A school from which a student transfers shall provide the student's immunization record to the student's new school upon request of the student's legally responsible individual. The Utah Department of Health and local health departments shall have access to this record. This immunization record may be entered into the Utah Statewide Immunization Information System (USIIS).

Student Information

Student Name _____ Gender ☐ Male ☐ Female Date of Birth _____

Name of Parent/Guardian _____

Vaccine Information

VACCINE	1 st	2 nd	3 rd	4 th	5 th
DTaP, DTP, DT, Td, Tdap (D-Diphtheria, T-Tetanus, P-Pertussis, aP-acellular Pertussis)					
Tdap (given after 7 years of age)					
Polio (IPV or OPV)					
Haemophilus influenzae type b (Hib)					
Pneumococcal					
Measles, Mumps, and Rubella (MMR) 1 st dose must be received on or after the 1 st birthday					
Hepatitis B (HBV)					
Varicella (Chickenpox) 1 st dose must be received on or after the 1 st birthday.					
Hepatitis A (HAV) Must be received on or after the 1 st birthday.					
Meningococcal					

SCHOOL USE ONLY:

- Exemption was granted for:
 - ☐ Medical reason (Expires* on: _____)
 - ☐ Religious belief
 - ☐ Personal belief
 - *If the medical exemption is temporary, enter date.
 - Proof of Immunity (history of disease):
This student has proof of immunity for the following antigen (s):
 - ☐ MMR
 - ☐ Haemophilus influenza type b (Hib)
 - ☐ Polio
 - ☐ Pneumococcal
 - ☐ Tdap
 - ☐ Varicella (Chickenpox)
 - ☐ DTaP
 - ☐ Meningococcal
 - ☐ Hepatitis A
 - ☐ Hepatitis B
- *If the student has past history of disease for any of the vaccines, the student must submit healthcare provider documentation. If the student has past history of disease of any combination vaccines such as MMR, the student must submit healthcare provider documentation for each antigen.

*If the student has immunity from the required immunizations, healthcare provider statement must be attached to this Record.
Immunization record received for this student is from: ☐ A statewide registry

- ☐ Student's former school
- ☐ Legally responsible individual of the student

I have reviewed the records available and to the best of my knowledge, this student has received the above immunizations.

Authorized Signature: _____ Date: _____

Utah Department of Health
Division of Disease Control & Prevention
Immunization Program Rev. 07/2018
www.immunize-utah.org
(801)-538-9450

APPENDIX E – UTAH IMMUNIZATION PROGRAM SAMPLE FORMS

INSTRUCTIONS: This form must be completed for enrollment in schools and early childhood programs. For detailed information on the required immunizations and minimum intervals between vaccine doses, refer to the Utah Immunization Guidebook at www.immunize-utah.org.

Student Information: Fill in (print or type) student's name, gender, and date of birth, and name of parent/guardian.

Vaccine Information:

- a. The minimum required immunizations for school entry include (see interval table in the Utah Immunization Guidebook for required spacing of doses):
 - 5 doses of DTaP/DT/dT/dTdap – 4 doses are acceptable, if the 4th dose was given after the 4th birthday; 3 doses of Td are required, if started after age 7 years. One of the doses in the Td series should be Tdap.
 - Note:** Any Tdap vaccine given after 7 years of age should be documented on the Tdap row which may fulfill any of the above requirements.
 - 1 dose of Tdap – a single dose of Tdap vaccine is required for students prior to 7th grade entry. The Tdap vaccine must be given after 7 years of age.
 - 4 doses of Polio – 3 doses are acceptable, if the 3rd dose was given after the 4th birthday.
 - 2 doses of Measles, Mumps, and Rubella – required for all students kindergarten through grade 12. The 1st dose of measles containing vaccine must be given on or after the 1st birthday.
 - 3 doses of Hepatitis B – required for students prior to entering kindergarten. Required for students prior to 7th grade entry.
 - 2 doses of Varicella (chickenpox) – required for students prior to entering kindergarten. Required for students prior to 7th grade entry. The 1st dose must be given on or after the 1st birthday.
 - 2 doses of Hepatitis A – required for students prior to entering kindergarten. The 1st dose of Hepatitis A must be given on or after the 1st birthday.
 - 1 dose of Meningococcal – required for students prior to 7th grade entry. Only Meningococcal vaccine given on or after 10 years of age is acceptable for 7th grade school entry.

- b. Children enrolled in *Early Childhood Programs* must be appropriately immunized for their age for the following diseases:

Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella, Haemophilus influenzae type b (Hib), Hepatitis A, Hepatitis B, Pneumococcal, and Varicella (chickenpox).

- c. Transcribe the month, day, and year of each immunization received by the student into the appropriate box.

Immunization Record Received For This Student: Check the appropriate box. When reviewing the immunization record of a student, ensure that information regarding each required vaccination the student has received, including the date each vaccine was administered, has been verified by a licensed healthcare provider, registered nurse, an authorized representative of a local health department, an authorized representative of the department, or a pharmacist. Written proof is required to verify the student's immunizations.

The legally responsible individual means a student's parent, the student's legal guardian, an adult brother or sister of a student who has no legal guardian, or the student if the student is an adult or is a minor who may consent to treatment under Section 26-10-9)

Authorized Signature: This is the signature of the school or health personnel who verified the Utah School Immunization record (USIR) against the source records.

School and Early Childhood Program Use Only:

1. Exemption: If the student has an exemption, check the box for the type of exemption. If the medical exemption is permanent, enter NA for expiry date. If the medical exemption is temporary, enter expiration date.

Exemption Procedures:

Students claiming an exemption to the required vaccinations must have their legally responsible individual complete an online educational module at www.immunize-utah.org, or in-person consultation at a local health department. A copy must be presented to the school or child care official. Completion of the online educational module or in-person consultation at a local health department must be completed for all types of exemptions. School or child care program must attach the copy to this record.

Medical Exemption: For a medical exemption from required immunizations, the legally responsible individual of the student must provide to the school a completed vaccination exemption form and a written notice signed by a licensed healthcare provider stating that due to the physical condition of the student, administration of the vaccine would endanger the student's life or health. The statement should also indicate whether the exemption is temporary (indicate the expiration date) or permanent.

2. Proof of immunity (history of disease): If the student is claiming immunity against a disease for which vaccination is required because the student previously contracted the disease, the student must submit a document signed by a healthcare provider to the school as proof of immunity. **If the student has past history of disease of any combination vaccines such as MMR, the student must submit healthcare provider documentation for each antigen. The document must be attached to this Record.**

Maintaining a List of Students' Immunization Status: Utah School Immunization Law requires schools and child care facilities to maintain a *current list* of all enrolled students, including:

- 1) students who have a valid and complete immunization record, 2) students who are exempt from receiving the required vaccines, and 3) students who are allowed to attend school under conditional enrollment status.

APPENDIX F - UTAH SCHOOL AND CHILDCARE EMPLOYEE IMMUNIZATION RECOMMENDATIONS

Educational institutions and childcare facilities are potential high-risk areas for transmission of vaccine-preventable diseases. While immunization is an important health requirement for students in Utah schools and childcare facilities, it is equally important for staff in these settings to be protected against vaccine-preventable diseases. Employee immunization can decrease the number of days teachers, staff and students miss due to illness. Absence due to sickness causes disruption in class schedules resulting in missed educational learning opportunities. Most importantly, teachers, staff and students who come to school sick can spread disease, suffer pain, and discomfort. Additionally, vaccine-preventable disease outbreaks in school and childcare settings can result in enormous costs for staff, students, parents, employers and public health.

The Utah Department of Health recommends that prior to employment in Utah schools and licensed childcare facilities, all full- and part-time employees, including teachers, substitute teachers, student teachers, and staff, show proof of vaccination against: Measles, Mumps, Rubella, Hepatitis B, Tetanus, Diphtheria, Pertussis, Influenza, Varicella, and Hepatitis A. This recommendation is in accordance with the recommendations of the Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP).

*School districts and childcare facilities are encouraged to keep employee vaccination records on file.

Recommended Immunizations For Teachers and Childcare Staff ¹		
Vaccine	Persons Born Before 1957	Persons Born In or After 1957
MMR ² (Measles, Mumps, Rubella)	1 dose for women of childbearing age and for all adults <u>not</u> born in the U.S.	2 doses of MMR, at least 1 month apart
Varicella (Chickenpox) ³	2 doses	
Hepatitis A	2 doses	
Hepatitis B	2 or 3 doses depending on the brand	
Td/Tdap ⁴ (Tetanus, Diphtheria, Pertussis [Whooping Cough])	1 dose of Tdap, then Td booster every 10 years	
Influenza	Annual influenza vaccine is recommended for everyone 6 months of age and older	

¹ All full- and part-time teachers, student teachers, substitute teachers and staff.

² Proof of immunity to Measles, Mumps **and** Rubella is recommended for staff of licensed group and family childcare centers. MMR vaccine is recommended for teachers and staff in other school settings.

³ Varicella vaccine is recommended for those who do not have documentation of age-appropriate immunization, a reliable history of varicella disease (physician diagnosis or personal recall) or serologic evidence of immunity.

⁴ All adults should receive a single dose of Tdap, especially those who have close contact with infants less than 12 months of age (e.g., childcare staff). There is no minimum interval between Tdap and a previous dose of Td.

*The Utah Statewide Immunization Information System (USIIS) is a statewide information immunization system that contains immunization histories for Utah residents of all ages. Many school districts and childcare facilities are enrolled in USIIS. Employers can input and maintain their staff immunization status through USIIS. For more information on how to enroll in USIIS, please contact the Utah Immunization Program at 801-538-9450.

APPENDIX G – TIPS FOR TALKING TO PARENTS ABOUT VACCINES

A NOTE ON VACCINES FROM YOUR CHILDCARE PROVIDER, PEDIATRICIANS, AND THE UTAH DEPARTMENT OF HEALTH

We value the health and safety of your children. As a state-licensed childcare program, we support and must adhere to state immunization requirements for all children enrolled in our program to ensure their health and safety. It is critical for children attending childcare to receive all recommended vaccines to protect themselves and the other children in our program who are too young to be fully immunized.

Why immunizations are so important for children in childcare settings

- Children younger than five years of age are especially at risk for getting infections because their immune systems have not yet built up the defenses to fight infection. Immunizations help children build up these defenses.
- Many childcare programs include children less than one year of age. These children are at highest risk for getting vaccine-preventable infections because they are still receiving important immunizations. For example, children aren't fully protected against pertussis (whooping cough) until they are six months old. If infants less than six months of age are exposed to someone with whooping cough, they are at high risk for becoming infected and having serious illness or even death.

Rules and recommendations

- Utah requires your childcare provider to have *written proof* of each child's vaccines. A parent may get an exemption for their child to not be vaccinated. Your childcare provider must also have *written proof* (a legally valid exemption form) for all exemptions.
- Disease outbreaks sometimes occur in childcare programs. If there is even one case of a vaccine-preventable disease at your child's child care program, children for which the facility does not have *written proof* of the child's up-to-date status will be excluded from childcare until the child is vaccinated or risk of the disease has passed (sometimes up to 21 days).

Vaccine safety and effectiveness

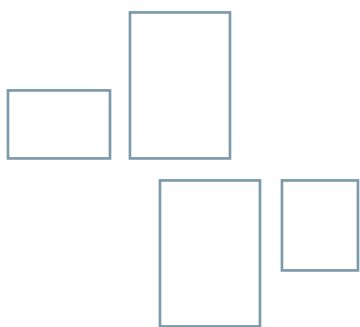
- All vaccines undergo long and careful review.
- Vaccines do not cause autism. Many independent studies have convincingly shown that there is no link between autism and vaccines.
- No vaccine, or *any* medication or treatment, is completely risk-free. Common side effects (tenderness and redness) are mild, but serious side effects (such as allergic reactions) are very rare.
- When parents choose not to vaccinate their child, they are trading the small risk of side effects from the vaccine for the risk of getting a vaccine-preventable disease. Vaccines keep disease away; when we stop giving them, diseases that can be prevented by vaccines return.
- While some diseases, like measles are not common in Utah, they are only a plane ride away.

More information

- Free or low-cost vaccines are available for those who qualify through the Utah Vaccines for Children (VFC) Program (http://immunize-utah.org/VFC_program/parents).
- For more information on vaccines and the diseases they prevent, contact your healthcare provider or the Utah Immunization Program at 1-800-275-0659 or visit <http://immunize-utah.org>.

09/2014





P.O. Box 142012 | 288 North 1460 West | Salt Lake City, UT 84114-2012
1-800-275-0659 or 801-538-9450 | www.immunize-utah.org